

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN 21 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003794

1. Corporation Name

PUERTAS ABIERTAS, INC.

Principal Place of Business

6565 TAFT STREET
STE. 204
HOLLYWOOD FL 33024

Mailing Address

6565 TAFT STREET
STE. 204
HOLLYWOOD FL 33024

If above addresses are incorrect in any way, line through incorrect information and enter correct

2. New Principal Office Address, If Applicable

5400 S. UNIVERSITY DR

Suite, Apt. #, etc.

#409

City & State

DAVIE, FLORIDA

Zip

33029

Country

USA

3. New Mailing Office Address, If Applicable

5400 S. UNIVERSITY DR

Suite, Apt. #, etc.

#409

City & State

DAVIE, FLORIDA

Zip

33029

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1994

5. FEI Number

95-3807024

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	ANDRADE, FRANCISCO	5 PHILLIPSBURG	IRVINE CA
S	WOODWORTH, FLOYD	964 JUNIPERO DRIVE	COSTA MESA CA
D	HAMILTON, DAVID	6565 TAFT STREET, SUITE #204 5400 S. UNIVERSITY DR #409	HOLLYWOOD FL 33024 DAVIE FL 33029
D	LUNA, RICHARD	6565 TAFT STREET #204 5400 S. UNIVERSITY DR. #409	HOLLYWOOD FL 33024 DAVIE, FL 33029
			600002751726--1
			01/22/99 01087-003
			****297.50 ****297.50

8. Name and Address of Current Registered Agent

TRUJILLO, C M JR
9390 NW 33RD MANOR
SUNRISE FL 33351

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

1/11/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/99 (954) 434-4113

Daytime Phone #

CR2ED040 (9/98)