PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 23 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003146

100037729501
06/08/04--01001--003 **358.75

REINSTATEMENT 02-04

**1.** Corporation Name: HACIENDA CAMAEL, INC.

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 18290 S.W. 122 ST. | P.O. Box 971758 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI, FL. | City & State: MIAMI, FL. |
| Zip: 33196 Country: USA | Zip: 33196 Country: USA |

**4.** Date Incorporated or Qualified To Do Business in Florida

**5.** FEI Number: 65-0839327 ☐ Applied For ☐ Not Applicable

**6.** CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

**7.** Name and Address of Current Registered Agent

Name: ROSS M. JOHNSTON

Street Address (P.O. Box Number is Not Acceptable): 18290 S.W. 122 STREET

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Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33196

**8.** I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Ross M Johnston — Date: 6/4/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| P,S,D | ROSS M. JOHNSTON | 18290 S.W. 122 ST. | MIAMI, FL. 33156 |
| V,T,D | Carlos M. CAMPOS | 18290 S.W. 122 ST. | MIAMI, FL. 33156 |
| D | ELIZA CAMPOS | 18290 S.W. 122 ST. | MIAMI, FL. 33156 |
| | | | |
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| | | | |

**10.** 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:** Carlos M. CAMPOS 6-4-04 786-586-9693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #