PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JAN 24 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006351

1. Corporation Name

HIPOLITO'S PRESIDENTIAL PROJECT, INC.

Principal Place of Business	Mailing Address
2802 NW 102ND ST. MIAMI FL 33147	2802 NW 102ND ST. MIAMI FL 33147

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99-02

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/05/1998

5. FEI Number: ☑ 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)

200004888212--3
-02/06/02--01051--008
****367.50 ****367.50

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City/State/Zip
PD	DURAN, MANUEL A	~~2802 NW 102ND ST.~~ 9814 COSTA del SOL BLVD	~~MIAMI FL 33147~~ MIAMI, FL 33178
VD	~~RODRIGUEZ, PABLO~~ RAFAEL UBRI	~~8584 NW 8TH ST.~~ 9429 NW FONTAINEBLEU	~~MIAMI FL 33126~~ MIAMI, FL 33172
VD	~~VALERA, ANTONIO~~ CESAR MATEO	~~HOLLY SPRING CR.~~ 963 MELLER WAY	~~ORLANDO FL 32282~~ ORLANDO, FL 32825
VD	~~QUILLEN, CARLOS~~ CELSO - DURAN	~~1551 NE MIAMI GARDEN DR.~~ 1700 NW 112 TR	~~MIAMI FL 33179~~ MIAMI, FL 33167
D	~~TORRES, JOSE~~ CRISTIAN SANCHEZ	17740 NW 67TH AVE., #607 11060 NW 22 CT	~~MIAMI FL 33015~~ MIAMI, FL 33167
D	~~DURAN, CELSO~~ FRANK PEÑA	~~1700 NW 112 TR.~~ 2828 NW 17 AVE.	~~MIAMI FL 33167~~ MIAMI, FL 33142

8. Name and Address of Current Registered Agent

SANDOVAL, LUIS O
7400 W. 20TH AVE., SUITE 208
HIALEAH FL 33016

9. Name and Address of New Registered Agent

Name 05/06/99 90194 022 $61.25
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (8/99)

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 REQUIRED Date: 11/5/01
REGISTERED AGENT MUST SIGN

11. 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 REQUIRED 11/5/01 (305) 358-5388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MANUEL A. DURAN,
PRESIDENT