

FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

03 MAY 21 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 1. Corporation Name

Principal Place of Business

Mailing Address

9733 NW 4<sup>th</sup> LANE  
MIAMI FL 33172



**REINSTATEMENT** 02-03

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/07/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0934561

Applied For

City &amp; State

City &amp; State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	REYES, THELMA	905 BELLE MEADE ISLAND DRIVE	MIAMI FL 33138
SD	DOBALUZ CALDERA	11320 S.W 88TR.	MIAMI FL 33176
SD	OLGA ZAMORA	9331 SW 4th Apt 108	MIAMI FL 33174
TD	DEL PINO, LYDIA	9733 NW 4TH LANE	MIAMI FL 33172
			200016954832
			04724/03--01039--003 **23

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

REYES, THELMA  
905 BELLE MEADE ISLAND DRIVE  
MIAMI FL 33138

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code	
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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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/21/03

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E040 (8/02)