

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 FEB 19 P 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500169573395
02/18/10--01003--024 **450.00

CR2E081 (1/07)

DOCUMENT # P00000006038

1. Corporation Name

EXITO Especial SERV., INC

2. Principal Office Address - No P.O. Box #

6500 N. KENDALE LAKES DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

101

City & State

MIAMI

City & State

Zip

33183

Country

DAD E

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/2000

5. FEL Number

650975965

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

DIEGO BETANCUR

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

6500 N KENDALE LAKES DRIVE

Suite, Apt. #, Etc.

101

City

MIAMI

State

FL

Zip Code

33183

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Diego Betancur

REGISTERED AGENT MUST SIGN

Date

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	DIEGO BETANCUR	6500 N. KENDALE LAKES DR. # 101	MIAMI, FL. 33183
VP	ANCI ZAR BETANCUR	6500 N. KENDALE LAKES DR. # 101	MIAMI, FL. 33183
S	MAGDA MEJIAS	6500 N. KENDALE LAKES DR. # 101	MIAMI, FL. 33183

REINSTATEMENT

08-10
JRS

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 contained in Chapter 119, 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:

Diego Betancur

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #