

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR 14 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000021503

1. Corporation Name

ALDICA, INC.

2. Principal Office Address

95 S. PROSPECT DR.

Suite, Apt. #, etc.

City & State

CORAL GABLES

Zip

33133

Country

DADE

3. Mailing Office Address

95 S. PROSPECT DR.

Suite, Apt. #, etc.

City & State

CORAL GABLES

Zip

33133

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2000

5. FEI Number

94-3355514

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

ALFONSO DIAZ

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

95 S. PROSPECT DR.

Suite, Apt. #, Etc.

City

CORAL GABLES

State

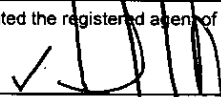
FL

Zip Code

33133

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



/ REGISTERED AGENT MUST SIGN

Date 03/15/2002

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
PD	ALFONSO DIAZ	95 S. PROSPECT DR.	CORAL GABLES, FL 33133

01-02 432

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/02

Date

305-669-3914

Daytime Phone #

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RODRIGUEZ, KINZBRUNNER & CONIGLIO

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS
**4801 SOUTH UNIVERSITY DRIVE, SUITE 3000
DAVIE, FLORIDA 33328**

**(954) 680-6114
FAX (954) 680-6135**

March 12, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: ALDICA, INC. (DOC. # P00000021503)

Dear Sir or Madam:

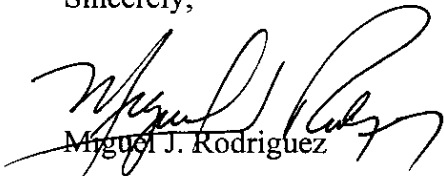
Enclosed please find Corporate Reinstatement form for the above corporation, along with a check for \$300.00.

The corporation respectfully requests abatement of the reinstatement fee. The company did not receive the original 2001 Uniform Business, the "second notice" or the notice of administrative dissolution.

Furthermore, this was the first year of the corporation and therefore this was not something that the officers were aware of as an annual requirement.

Thank you for your attention to and consideration of this matter.

Sincerely,


Miguel J. Rodriguez