



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 22 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P00000033796

**1. Corporation Name**

Cisneros Capital Group Inc

**2. Principal Office Address**

330 Dolias Court

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33143

Country

USA

**3. Mailing Office Address**

330 Dolias Court

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33143

Country

USA

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

April 3, 2000

**5. FEI Number**

65-0998202

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

Yaquelin Tous

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

4025 NE 2nd Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33137

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/20/2003

**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
DPST	James Blanchard Cisneros	330 Dolias Court	Coral Gables, FI 33143
D	Vincent Perez	287 Las Brisas Court	Coral Gables, FI 33143
D	Steven Perez	287 Las Brisas Court	Coral Gables, FI 33143
D	Robert Blanchard Cisneros	Coral Gables, FI 33143	Coral Gables, FI 33143
D	Agusto Figueroa Cisneros	431 Costanegra Road	Coral Gables, FI 33143

**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]*

James Blanchard Cisneros

10/3/03

305-572-1802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

22 10/27