

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 26 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Idalmis Residence

2. Principal Office Address

3530 SW 12 ST

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

Country

33135

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 07-09

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65 09963-25

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Zuleida Picado

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

3530 SW 12 ST

Suite, Apt. #, Etc.

800034075198

*04/27/04--01041--012 **150.00*

City

Miami

State

FL

Zip Code

33135

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

Zuleida Picado

REGISTERED AGENT MUST SIGN

Date

4-19-03

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	<i>Zuleida Picado</i>	<i>3530 SW 12 ST</i>	<i>Miami FL 33135</i>
D	<i>Eduardo Picado</i>	<i>3530 SW 12 ST</i>	<i>Miami FL 33135</i>

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

[Signature]

Zuleida Picado

Date

4-19-03 (205) 446-5720

Daytime Phone #

CR2E081 (10/02)