

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR -6 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000036987

1. Corporation Name

ACHIEVING INDEPENDENT SUCCESS, INC

2. Principal Office Address

9960 N.W. 116 WAY

Suite, Apt. #, etc.

Suite 9

City & State

MIAMI, FLORIDA

Zip

33178

Country

USA

3. Mailing Office Address

14321 SW 88th St

Suite, Apt. #, etc.

APT # 209 F

City & State

MIAMI, FLORIDA

Zip

33186

Country

USA

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

2/15/2000

5. FEI Number

65-0972187

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$375 Additional Fee required
for Certificate of Status**

7. Name and Address of Current Registered Agent

Name

STEVEN TEJEDA

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

14321 SW 88th St

Suite, Apt. #, Etc.

APT # 209 F

City

MIAMI

State

FL

Zip Code

33186

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 2/04/02

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
<u>PD</u>	<u>STEVEN TEJEDA</u>	<u>14321 SW 88th St</u>	<u>MIAMI, FL 33186</u>
<u>VSD</u>	<u>DAVA TEJEDA</u>	<u>14321 SW 88th St</u>	<u>MIAMI, FL 33186</u>

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]

Date

2/05/02

Daytime Phone #

305/888-0867

CR2E08T (9/01)