

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -2 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038694

1. Corporation Name

AUGUST63, INC.

3100 SW 105TH AVENUE
3100 SW 105TH AVENUE

2. Principal Office Address

3100 SW 105TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33165

Country

3. Mailing Office Address

3100 SW 105TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33165

Country

REINSTATEMENT

01-09

**4. Date Incorporated or Qualified
To Do Business in Florida** 04-18-2000

5. FEI Number
20-1799705

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
OSVALDO ALFONSO

Street Address (P.O. Box Number is Not Acceptable)
3100 SW 105TH AVENUE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33165

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

OSVALDO ALFONSO

REGISTERED AGENT MUST SIGN

Date 10-27-2004

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, OSVALDO	3100 SW 105TH AVENUE	MIAMI FL 33165

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:

OSVALDO ALFONSO

OSVALDO ALFONSO 10-27-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)