

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 11 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000049711

1. Corporation Name

COMFORT PLACE INC

2. Principal Office Address

8346 NW So. River DR

3. Mailing Office Address

8346 NW So. River DR

Suite, Apt. #, etc.

K

Suite, Apt. #, etc.

K

City & State

Medley FL 33166

City & State

Medley FL 33166

Zip

33166

Country

MIAMI DADE

Zip

33166

Country

MIAMI DADE

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/2000

5. FEI Number

65-1035410

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ENRIQUE A VILAR

000005168630-1

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

11220 NW 56th St

03/26/02-01024-023

****308.75 ****308.75

Suite, Apt. #, Etc.

Miami, FL

City

State

FL

Zip Code

33178

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

03/01/02

Date

REGISTERED AGENT MUST SIGN

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	Enrique A. Vilar	11220 NW 56th St, FL	Miami FL 33178

01-02 UBR: 100

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

Date

Daytime Phone #

03/05/02 (305) 883-6383

CR2E081 (9/01)

— Please return this letter —

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Hector Milano
6960 NW 74 St.
Miami, FL 33166

State of Florida
Department of State
Attn. Katherine Harris, Secretary of State

RE: Comfort Place, Inc.

Katherine Harris,
I Hector Milano, president and owner of Comfort Place Inc., never received the Uniform Business Report to reactivate the corporation. My previous mailing address of: 5500 NW 74th Ave., Miami, Florida 33166 has changed to my new mailing address of: 6960 NW 74 St., Miami, FL 33166. I strongly believe that was the reason that I did not receive the Uniform Business Report.

I had no operations for the business during the 2001 tax year, but I would like to start all my business operation this calendar year of 2002. If you could help me out and waive the penalty for not sending the annual report on time I would much appreciate it. I run a small business that is just getting started this year. My financial circumstances last year did not allow me to start the business as planned, but this year I am going to make the full fledged effort to make this business successful, and that is why I need your help to reactivate my business without the penalty of reactivating the business.

Please, provide the Uniform Business Report as soon as you can, if possible fax to (305) 884-1077.

Your diligence is much appreciated. If I can be of any further assistance please don't hesitate to contact me at: (305) 883-6413

Sincerely,



Hector Milano

cc: file

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