

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 29 AM 8:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F00000055121

1. Corporation Name

DESTINY PASO FINO, INC.

2. Principal Office Address

20700 SW 136th STREET

Suite, Apt. #, etc.

3. Mailing Office Address

20700 SW 136th STREET

Suite, Apt. #, etc.

City & State

MIAMI

FLORIDA

Zip

33196

Country

DADE

City & State

MIAMI

FLORIDA

Zip

33196

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2000

5. FEI Number

651017060

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

ALEJANDRO NUNEZ, ESQ.

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

250 GIRALDA AVE.

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

9/16/03

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
Pres/Sec	ANDRES WOODCOCK	20700 SW 136th STREET	MIAMI FLORIDA 33196

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)(l), 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 #

09-16-03 786 573 1828

CR2E081 (10/02)

7/9/30