

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P00000057133

1. Corporation Name

EXECUTIVE CENTER, INC.

Principal Place of Business

24 SE 4TH STREET
DANIA FL 33004

Mailing Address

24 SE 4TH STREET
DANIA FL 33004

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/2000

5. FEI Number

65-1051962

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	NAVAS, MARIA REYES	24 SE 4TH STREET	DANIA FL 33004
ST	GUERRA, EMILIO	24 SE 4TH STREET	DANIA FL 33004

9000008626999
10/28/02 01088 013 **150.00

10/31

8. Name and Address of Current Registered Agent

ONAINDIA, JUAN
24 SE 4TH STREET
DANIA FL 33004

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/22/02

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02 (954) 9255179
Date Daytime Phone #

FILED
02 OCT 28 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/02)

Dania Beach
October, 24th, 2002

EXECUTIVE CENTER INC

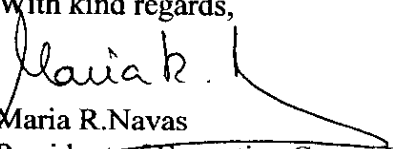
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL, 32314-6327

Dear Sirs:

With reference to your requirements on NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION, we are sending you a letter establishing that we didn't receive the two prior UBR notices.

So we are enclosing now attached to this letter, the form you have sent us to be completed and the check on the amount of US\$150.00.

With kind regards,



Maria R. Navas
President of Executive Center Inc.