

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

04 MAR 19 PM 3:07

DOCUMENT # P00000063819

**1. Corporation Name**

CEIBO BRAVO, INC.

**2. Principal Office Address**

2588 SW 27TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip  
33133

Country  
USA

**3. Mailing Office Address**

2588 SW 27TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip  
33133

Country  
USA

REINSTATEMENT 03-04

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

06/30/2000

**5. FEI Number**  
651034042

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  
CONSULTING SERVICES OF SOUTH FLORIDA, INC.

Street Address (P.O. Box Number is Not Acceptable)  
2588 SW 27 AVENUE

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33133

**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

*Anten Man*

REGISTERED AGENT MUST SIGN

Date 3-12-04

**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
PSD	FERNANDO D'ACUNTO	2588 SW 27 AVENUE	MIAMI, FL 33133
TD	DIEGO N. PRESTA	2588 SW 27 AVENUE	MIAMI, FL 33133

**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

3-12-04

Date

305-444-2213

Daytime Phone #

CR2561 (01/04)

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND  
THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE  
TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-  
DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVICE THAT FOR ANY REASON WE DIN NOT  
RECEIVE THE UNIFORM BUSINESS REPORT FOR 2003, 2004.  
AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT  
THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE  
ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS  
MATTER IN THIS MATTER AND IF YOU SHOULD HAVE ANY  
FURTHER QUESTION REGARDING THIS LETTER DON'T  
HESITATE TO CONTACT US.

CORDIALLY,



---

FERNANDO D'ACUNTO  
PRESIDENT