

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -8 PM 1:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000073755

1. Corporation Name

ALTAMIRA ENTERTAINMENT CORP.

REINSTATEMENT 01-03

100025307481
12/02/03--01013--005 **1050.00

2. Principal Office Address

14750 NW 77 CT

Suite, Apt. #, etc.

Suite 332

City & State

MIAMI LAKES, FL

Zip

33016

Country

USA

3. Mailing Office Address

14750 NW 77 CT.

Suite, Apt. #, etc.

Suite 332

City & State

MIAMI LAKES, FL

Zip

33016

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2000

5. FEI Number

65-1061503

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

JUAN CARLOS WESSOLOSKY

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

631 SW 111 LANE

Suite, Apt. #, Etc.

308

City

PEMBROKE PINES

State

FL

Zip Code

33025

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/02/2003

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	HENRY ZAKKA	15023 SW 89TH TERRACE	MIAMI, FL 33196
V	JUAN C. WESSOLOSKY	631 SW 111 LANE #308	PEMBROKE PINES, FL 33025

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] JUAN C. WESSOLOSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/02/03 (24) 3949592

Date

Daytime Phone #

CR2E081 (10/02)