

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV 15 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000079979

1. Corporation Name

FRONDOSO CORP.

600042755946
11/15/04--01076--009 **900.00

REINSTATEMENT 03-09

2. Principal Office Address

201 S. Biscayne Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.
2500

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip 33131

Country USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 08/18/2000

5. FEI Number
651051319

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 Antonio Zamora

Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd.

Suite, Apt. #, Etc.
2500

City
Miami

State
FL

Zip Code
33131

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

Antonio Zamora
REGISTERED AGENT MUST SIGN

Date 11-11-2004

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
PD	Abraham Cababie	19950 West Country Club Drive, Suite 900	Aventura, FL 33180
S	Antonio Zamora	201 S. Biscayne Blvd. Suite 2500	Miami, FL 33131

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:

Antonio Zamora
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

11-11-2004

Date

Daytime Phone #

(305)
374-5574

CR2E081 (01/04)