

002/002

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PH 1:17

THIS FORM. PM 1:17  
08 MAY 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # P00000082697</b>					
<b>1. Corporation Name</b> <div style="font-size: 1.2em; font-weight: bold; text-align: center;">NAVES Y SERVICIO CORPORATION</div>					
<b>2. Principal Office Address - No P.O. Box #</b> 7570 NW 14TH ST			<b>3. Mailing Office Address</b> 7570 NW 14TH ST		
Suite, Apt. #, etc. 112			Suite, Apt. #, etc. 112		
City & State MIAMI FL			City & State MIAMI FL		
Zip 33126		Country US		Zip 33126	
Country US		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 08/31/2000			
<b>5. FEI Number</b> 65-1036898				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
<b>7. Name and Address of Current Registered Agent</b>					
Name <b>LUIS H ROJO</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>7570 NW 14TH ST</b>					
Suite, Apt. #, Etc. <b>112</b>					
City <b>MIAMI</b>			State <b>FL</b> Zip Code <b>33126</b>		
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.</b>					
Signature of Registered Agent				Date _____	
REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
P	LUIS H ROJO	7570 NW 14TH ST STE 112	MIAMI FL 33126		
VP	MARIA E SERNA	7570 NW 14TH ST STE 112	MIAMI FL 33126		
<div style="font-size: 2em; font-weight: bold; display: inline-block;">REINSTATEMENT</div> <div style="font-size: 3em; font-weight: bold; display: inline-block; margin-left: 20px;">RH</div>					
<b>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 contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date _____	
				Daytime Phone # _____	

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Division of Corporations

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Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.  
Account Number : I20070000146  
Phone : (305) 406-3800  
Fax Number : (305) 406-3999

**CORPORATION REINSTATEMENT**

**NAVES Y SERVICIO CORPORATION**

Certificate of Status	0
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