

**FILE**

2006 OCT 24 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida **10/23/2000**

5. FEL Number  
65-1049218

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 **Andres Diaz**

Street Address (P.O. Box Number is Not Acceptable)  
2561 West 3rd Avenue

Suite, Apt. #, Etc.

City  
HialeahState  
FI

Zip Code  
33010

**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

Date 10/21/2006

REGISTERED AGENT MUST SIGN

**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
PS	Andres Diaz	2561 West 3rd Avenue	Hialeah, FL 33010
			200081630552 11/08/06--01032--020 **150.00

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/2006

Date \_\_\_\_\_

(786) 426-0015

Daytime Phone #

BA. Williams OCT 24 1961