

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 NOV 27 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000100579

**1. Corporation Name**

OSWALDO AGUDELO FINE ART, INC.

**2. Principal Office Address**

1200 BRICKELL BAY DR

Suite, Apt. #, etc.

2301

City & State

MIAMI, FL

Zip

33131

Country

**3. Mailing Office Address**

P O BOX 310164

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33231

Country

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

10/25/2000

**5. FEI Number**

65-1049831

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

OSWALDO AGUDELO

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

1200 BRICKELL BAY DR

Suite, Apt. #, Etc.

2301

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

Date 11-21-06

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
| PD     | OSWALDO AGUDELO                      | 1200 BRICKELL BAY DR                              | MIAMI, FL. 33131   |
|        |                                      | # 2301                                            |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |

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**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

Date

11-21-06

Daytime Phone #

K. Eckel NOV 27 2006