


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

10 MAR 31 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA200173881492
03/31/10--01024--003 **450.00

CR2E081 (11/08)

DOCUMENT # P00000100579

1. Corporation Name

OSWALDO AGUDELO FINE ART, INC.

2. Principal Office Address - No P.O. Box # 1200 BRICKELL BAY DR	3. Mailing Office Address 1200 BRICKELL BAY DR
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Suite, Apt. #, etc.

#2301

Suite, Apt. #, etc.

#2301

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

Zip

33131

Country

4. Date Incorporated or Qualified
To Do Business in Florida 10/25/20005. 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

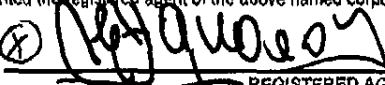
FL

Zip Code

33131

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

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
P/D	OSWALDO AGUDELO	1200 BRICKELL BAY DR #2301	MIAMI, FL 33131

REINSTATEMENT

RH

10. E-mail Address: OSAGUDELO @ YAHOO. COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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:  OSWALDO AGUDELO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #