

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P00000108632**

1. Corporation Name

**PENTA ASSET MANAGERS**

**FILED**  
04 FEB 23 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400029203184  
02/23/04--01031--011 \*\*300.00

**REINSTATEMENT**

2. Principal Office Address

**8874 W Flagler St.**

Suite, Apt. #, etc.

**204**

City & State

**MIA, FL**

Zip

**33174**

Country

**USA**

3. Mailing Office Address

**8874 W. Flagler St**

Suite, Apt. #, etc.

**204**

City & State

**MIA, FL**

Zip

**33174**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/21/2000**

5. FEI Number

**651056593**

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

**MANUEL R. RODRIGUEZ**

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

**8874 W. Flagler St.**

Suite, Apt. #, Etc.

**204**

City

**MIA**

State  
**FL**

Zip Code

**33174**

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

**M Rodriguez**

Date

**1/20/2004**

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	MANUEL R RODRIGUEZ	8874 W Flagler St	MIA, FL 33174
VP	JANNETT RODRIGUEZ	8874 W Flagler St	MIA, FL 33174
VPS	MANUEL RODRIGUEZ JENET	8874 W Flagler St	MIA, FL 33174
VPT	JANNETT RODRIGUEZ JENET	8874 W. Flagler St	MIA FL 33174

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:

**Manuel Rodriguez M Rodriguez**

Date

Daytime Phone

**1/20/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Tn*

**Penta Asset Managers, Inc**

8874 W Flagler St. # 204  
Miami, FL 33174  
Phone: 786-2953962

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Miami: January 22, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Ref: Corporate Reinstatement:**

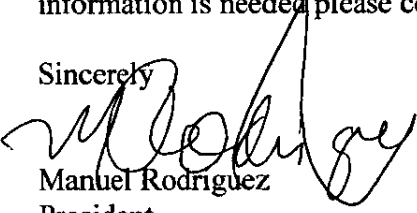
We are sorry not to have filed our registration on its due date. It has been an involuntary mistake from our part. We never received the yearly notification from your office. It seems that it was mailed to the wrong address. Please note that our present day address is different from the one in your files.

On mid January we learned from our bank about our inactive status.

As per instructions from staff persons at Div. of Corporations We are sending a Corporation Reinstatement form and also a \$300.00 reinstatement check.

We have taken steps which will prevent this for happening again. If further support information is needed please contact me. At 786-295 3962. We remain

Sincerely

  
Manuel Rodriguez  
President.