PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT -5 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P00000112798

1. Corporation Name

Santiago & Lucena Partners, Inc.,
a FLorida corporation

2. Principal Office Address	3. Mailing Office Address
2490 Coral Way	2490 Coral Way
Suite, Apt. #, etc.: Suite 401	Suite, Apt. #, etc.: Suite 401
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33145 Country: USA	Zip: 33145 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1076988 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Annual Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Al Santiago

Street Address (P.O. Box Number is Not Acceptable): 2490 Coral Way, #401

Suite, Apt. #, Etc.: Suite 401

City: Miami State: FL Zip Code: 33145

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: Al Santiago Date: 10-4-01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
Pres.	Al Santiago	2490 Coral Way, #401	Miami, FL 33145
V.Pres.	Jorge Lucena	2490 Coral Way, #401	Miami, FL 33145

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: Al Santiago 10-4-01 305/860-1526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Al Santiago, President