

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 19 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000113080

1. Corporation Name

ST. MICHEL PARTNERS, INC.

2. Principal Office Address

7601 E. TREASURE DR.

Suite, Apt. #, etc.

SUITE 616

City & State

N. BAY VILLAGE, FL

Zip

33141

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1060799

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300012797903
02/20/03--01008--005 **300.00

7. Name and Address of Current Registered Agent

Name

ALEJANDRO NUNEZ

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

250 GIRALDA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES, FL

State
FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

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	PABLO FEDERICO DELANEY	7601 E. TREASURE DR. SUITE 616	N. BAY VILLAGE, FL. 33141
S/D	JUAN CARLOS DELANEY	7601 E. TREASURE DR. SUITE 616	N. BAY VILLAGE, FL 33141

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-9-02

Date

3057746222

Daytime Phone #

CR2E081 (9/01)