

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUL -8 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Pro00002946

1. Corporation Name

Fuente Financial Services, Inc.

2. Principal Office Address

8950 SW 156 St.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33157

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

same

Zip

same

Country

same

REINSTATEMENT 02-09

4. Date Incorporated or Qualified
To Do Business in Florida

1/08/2001

5. FEI Number

65-1082891

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

Jose Fuente

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

8950 SW 156 St.

Suite, Apt. #, Etc.

City

Miami, FL 33157

State

FL

Zip Code

33157

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

Jose E Fuente

REGISTERED AGENT MUST SIGN

Date 6/24/04

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
D	Jose Fuente	8950 SW 156 Street	Miami, FL 33157

Reinstate
w/ Penalty

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)(l), 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:

Jose E Fuente

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/04

Date

(305) 669-5480

Daytime Phone #

CR2E081 (01/04)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 29, 2004

FUENTE FINANCIAL SERVICES, INC.
8950 S.W. 156 STREET
MIAMI, FL 33157

SUBJECT: FUENTE FINANCIAL SERVICES, INC.
Ref. Number: P01000002946

We have received your document for FUENTE FINANCIAL SERVICES, INC. and your check(s) totaling \$1058.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker
Document Specialist

Letter Number: 604A00042381