

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 MAR 24 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 101000012727

1. Corporation Name

Mogabier, Inc.

100015279501
01/03/03--01013--029 **900.00

REINSTATEMENT

02-03

2. Principal Office Address

1710 SW 27th Ave

Suite, Apt. #, etc.

101

City & State

Miami, FL

Zip

33145

Country

USA

3. Mailing Office Address

919 Placetas

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

FL 33146

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

2/2/2001

5. FEI Number

65-1111609

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

Gaspar Del Monte, M.D.

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

919 Placetas

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

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

[Signature]

Date

2/20/03

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

| | | | |
|-----------|------------------|--------------|------------------------|
| President | Gaspar Del Monte | 919 Placetas | Coral Gables, FL |
| Vice | Marta Del Monte | 919 Placetas | Coral Gables, FL 33146 |
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/03 (305) 858-7220

Daytime Phone #

2/24