


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

182

CORPORATION
REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *PO1000023826*

1. Corporation Name
Aguilar Consulting Corp.

2. Principal Office Address
1155 Brickell Bay Dr Apt 2107
Suite, Apt. #, etc.
City & State
Miami, FL
Zip
33131 Country
Dade

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

03 JUL 15 PM 6:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002-2003 UBR

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-1083334 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
Michael Fish **800021526298**
Street Address (P.O. Box Number is Not Acceptable)
7700 N. Kendall Drive Ste 501
Suite, Apt. #, Etc.
City
Miami State
FL Zip Code
33156

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

Michael Fish
REGISTERED AGENT MUST SIGN

Date

7/10/03

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
<i>Mr.</i>	<i>Rodrigo Aguilar</i>	<i>1155 Brickell Bay Dr. Apt 2107</i>	<i>Miami, FL 33131</i>

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/03

786-303-4032

CR2E081 (10/02)

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July 10, 2003

TO WHOM IT MAY CONCERN MY CORPORATION WAS NEVER
REINSTATED DUE TO THE FACT THAT I CHANGED ADDRESSES AND NEVER
RECEIVED THE REINSTATEMENT. ENCLOSED YOU WILL FIND MY
REINSTATEMENT FOR THE PAST 2 YEARS. IF YOU HAVE ANY QUESTIONS
PLEASE FEEL FREE TO CONTACT ME AT 786-303-4037

DOCUMENT # P01000023826
FEI # 65-1083334

THANK YOU



RODRIGO AGUILAR