

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000027063

1. Entity Name  
ALFARO PROPERTIES OF FLORIDA CORPORATION



FILED  
06 APR 17 AM 9:30

Principal Place of Business  
2100 PONCE DE LEON BLVD  
SUITE 600  
CORAL GABLES, FL 33134

Mailing Address  
2100 PONCE DE LEON BLVD  
SUITE 600  
CORAL GABLES, FL 33134

2. Principal Place of Business  
6538 Collins Ave.

3. Mailing Address  
6538 Collins Ave.

Suite, Apt. #, etc.  
#345

Suite, Apt. #, etc.  
#345

03282006 REIN-P CR2E098 (11/05)

City & State  
Miami Beach, FL

City & State  
Miami Beach, FL

4. FEI Number  
65-1079236

Applied For  
Not Applicable

Zip  
33141

Country  
USA

Zip  
33141

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILLANUEVA, CARLOS  
2100 PONCE DE LEON BLVD  
SUITE 600  
CORAL GABLES, FL 33134

Name  
Karin L. Matos

Street Address (P.O. Box Number is Not Acceptable)  
1465 Cleveland Rd.

City  
Miami Beach

FL

Zip Code  
33141

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Karin L. Matos  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/06  
DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PS  
VILLANUEVA, CARLOS J  
2100 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
300073456523  
05/01/06--01032--024 \*\*900.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
JENDRACH, CHRISTIAN  
2100 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.V  
JENDRACH, CHRISTIAN P.V  
P.O. Box 1498  
Hallandale, FL 33008 ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete  
B 4/19/06

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
JENDRACH, RUBY  
P.O. Box 1498  
Hallandale, FL 33008 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
REINSTATEMENT 05/06 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karin L. Matos