

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -4 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000059221

1. Corporation Name

TITA REY, INC.

REINSTATEMENT 02-04

2. Principal Office Address

1501 N.W. 114 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1501 N.W. 114 ST.

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

Zip

33167

Country

DADE

City & State

MIAMI - FLORIDA

Zip

33167

Country

DADE

100029861221
03/04/04--01016--003 **1050.00

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/2001

5. FEI Number

☒ 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

WANDA IVETTE RIOS

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

1501 N.W. 114TH ST.

Suite, Apt. #, Etc.

City

MIAMI -

State

FL

Zip Code

33167

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
PD	WANDA IVETTE RIOS	1501 N.W. 114 ST.	MIAMI-FL 33167
VPD	JUAN REYNOSO	1501 N.W. 114 ST.	MIAMI-FL 33167

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:

Wanda Rios

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-23-04

Daytime Phone #