PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
Nov 13, 2003 8:00 A.M
Secretary of State

DOCUMENT # P01000074455

000025068370
11/26/03--01029--015 **500.00
000025068370
11/26/03--01029--011 **408.75

REINSTATEMENT 02-07

1. Corporation Name

A Hoy Co.
N03000033644

2. Principal Office Address	3. Mailing Office Address
8567 CORAL WAY	8567 CORAL WAY
Suite, Apt. #, etc.: 105	Suite, Apt. #, etc.: 105
City & State: MIAMI FL.	City & State: MIAMI FL.
Zip: 33155 Country: U.S.A.	Zip: 33155 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: July 26, 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: JORGE A GONZALEZ

Street Address (P.O. Box Number is Not Acceptable): 8567 CORAL WAY

Suite, Apt. #, Etc.: #105

City: MIAMI State: FL Zip Code: 33155

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 _____ Date: Nov 8, 2003

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
P	JORGE A. GONZALEZ	8567 CORAL WAY #105	MIAMI FL 33155

02-
REINSTATEMENT 03

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, and 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: _____ Nov 8, 2003 Date 305 951-3911 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR