

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -2 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000080525

1. Corporation Name

17149 Corporation

155 Ocean Lane Drive

155 Ocean Lane Drive

2. Principal Office Address

155 Ocean Lane Drive

3. Mailing Office Address

155 Ocean Lane Drive

Suite, Apt. #, etc.

Apt. 1105

Suite, Apt. #, etc.

Apt. 1105

City & State

Key Biscayne, Florida

City & State

Key Biscayne, Florida

Zip

33149

Country

US

Zip

33149

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/15/2001

5. FEI Number

65-1131670

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

Alvaro Castillo B., P.A.

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

1390 Brickell Avenue

Suite, Apt. #, Etc.

Suite 200

City

Miami

State

FL

Zip Code

33131

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 5-25-04

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
D	Laura Mancini de Campbell	155 Ocean Lane Drive, Apt. 1105	Key Biscayne, Florida 33149
D	Fernando Campbell	155 Ocean Lane Drive, Apt. 1105	Key Biscayne, Florida 33149
S	Alvaro Castillo	1390 Brickell Avenue, #200	Miami, Florida 33131

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

5-25-04

Daytime Phone #

(305) 371-5540

CR2E081 (01/04)