

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 10: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000081943

1. Corporation Name

SUR PACIFICO, INC.

2. Principal Office Address

791 Crandon Boulevard

Suite, Apt. #, etc.

No. 707

City & State

Key Biscayne, Florida

Zip

33149

Country

USA

3. Mailing Office Address

791 Crandon Boulevard

Suite, Apt. #, etc.

No. 707

City & State

Key Biscayne, Florida

Zip

33149

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 08/20/2001

5. FEI Number
65-1139128

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

SANTIAGO J. PADILLA, P.A.

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

1001 Brickell Bay Drive

Suite, Apt. #, Etc.

Suite 1704

City

Miami

State
FL

Zip Code
33131

000035556530

05/06/04-01021-007 **300.00

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
DPVTS	Esteban A. Deak	791 Crandon Boulevard, No. 707	Key Biscayne, Florida 33149

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

04/27/04 305-3650114

CR2E081 (01/04)