

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

3. Mailing Office Address  
791 Crandon Boulevard

Suite, Apt. #, etc.  
No. 707

Suite, Apt. #, etc.  
No. 707

City & State  
Key Biscayne, Florida

City & State  
Key Biscayne, Florida

Zip Country  
33149 USA

Zip Country  
33149 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

**REINSTATEMENT** 03-84

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 Zip Code  
FL 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

04/27/04 305-3650114  
Date Daytime Phone

CR2E081 (01/04)