

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 10100009816

1. Corporation Name CENTURY FINANCIAL PARTNERS

2. Principal Office Address

9240 SUNSET DRIVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE #116

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33173

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-26-01

5. FEI Number

65-1145937

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

SONIA BENITEZ

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

10225 SW 89 COURT

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33176

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

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
Pres	VIRGINIA BENITEZ	7423 VISTALMAR CORAL GABLES FL	CORAL GABLES FL 33143
Vice Pres	Rolando BENITEZ	2615 GRANADA BLVD	CORAL GABLES FL 33134

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 #

11-1-02 595-9096

CR2E081 (9/01)