

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 DEC -2 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P010001078039

**1. Corporation Name**

ARANGO-ECHEVERY, INC.

**2. Principal Office Address**

15108 S.W. 72nd Street

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

Miami, Florida

**Zip**

33193

**Country**

USA

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

11-08-2001

**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**

Zorrilla & Garcia-Oliver, LLC

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

2200 South Dixie Highway

**Suite, Apt. #, Etc.**

Suite 705

**City**

Miami

**State**  
FL

**Zip Code**

33133

**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 11-26-2002

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/D	Consuelo Arango	15108 S.W. 72nd Street	Miami, Florida 33193
VP/D	Alexander Giraldo Arango	15108 S.W. 72nd Street	Miami, Florida 33193

500009289245

**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

11-26-2002 (305) 860-3831

Date

Daytime Phone #

20f2



ACCOUNT NO. : 072100000032

REFERENCE : 837902 7272435

AUTHORIZATION : *Patricia Figue*

COST LIMIT : \$ 750.00

ORDER DATE : November 27, 2002

ORDER TIME : 8:03 AM

ORDER NO. : 837902-005

CUSTOMER NO: 7272435

CUSTOMER: Angel M. Garcia-oliver, Esq  
Zorrilla & Garcia-oliver, Llc  
Suite 705  
2200 South Dixie Highway  
Miami, FL 33133

DOMESTIC FILINGS

NAME: ARANGO-ECHEVERY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
02 DEC -2 AM 10:28  
DIVISION OF CORPORATION