

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 09 AM 8:13

DOCUMENT # P01 000116098

**1. Corporation Name**

1711 MUTINY PARK CORPORATION

**2. Principal Office Address**

21205 NE 37TH AVE

**3. Mailing Office Address**

RUA AFONSO CLAUDIO 134

Suite, Apt. #, etc.

APT 1409

Suite, Apt. #, etc.

APT 601

City & State

AVENTURA, FL

City & State

VITORIA, ESPIRITO SANTO

Zip

33180-4062

Country

USA

Zip

29055-570

Country

BRAZIL

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

11/29/2001

**5. FEI Number**

22-3850890

Applied

Not App

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee  
for a Certificate of

**REINSTATEMENT 03-05**

**7. Name and Address of Current Registered Agent**

Name

SCHIFFMAN, ADAM R

ROBERTSON, James. I

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

2909 N.E. 181ST ST

21205 NE 37th AV

Suite, Apt. #, Etc.

900

S/1409

City

AVENTURA

AVENTURA

State

FL

Zip Code

33180

**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 04/30/2005

**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
PSTD	VIEIRA, VALDER C	21205 N.E. 37TH AVE, UNIT 1409	AVENTURA, FL, 33180
V	RABELLO VIEIRA	21205 N.E. 37TH AVE, UNIT 1409	AVENTURA, FL, 33180

680054667216  
05/17/05--01021--012 \*\*1050.00

**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 I 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 f 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 indi on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2005

Date

Daytime Phone #