

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

04 DEC 10 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO1000114541

1. Corporation Name

Astor Group, INC.

2. Principal Office Address

Suite, Apt. #, etc.

1300 BRICKELL AVE.

City & State

MIAMI, FL

Zip

33131

Country

3. Mailing Office Address

c/o Santiago Sreed

Suite, Apt. #, etc.

1300 BRICKELL AVE.

City & State

MIAMI, FL

Zip

33131

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/2001

5. FEI Number

51-0451010

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

JUAN PABLO BAYONA

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

1300 BRICKELL AVE

Suite, Apt. #, Etc.

MIAMI, FL 33131

City

State
FL

Zip Code

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

J. Bayona

REGISTERED AGENT MUST SIGN

Date 11/23/04

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
D	Juan Pablo Bayona	1300 Brickell Ave.	MIAMI, FL 33131

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:

J. Bayona
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/04
Date

Date

Daytime Phone #

305-679-5880

CR2E081 (01/04)