

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 MAR 18 PM 2:17

DOCUMENT # P02 0000 01888

1. Corporation Name

SB2 CORPORATION

2. Principal Office Address

901 PONCE DE LEON BLVD.

3. Mailing Office Address

901 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 603

Suite, Apt. #, etc.

SUITE 603

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

Zip

33134

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

03-0381774

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

ALBORNOZ, WILLIAM H.

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

901 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

SUITE 603

City

CORAL GABLES

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of

Registered Agent

William H. Albornoz

Date

3/17/05

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
D	CARIAS, JOSE R	C/O 901 PONCE DE LEON BLVD., S	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)(f), 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

Jose R. Carias Director

Date

03/11/2005

Daytime Phone #

305-444-1211