

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

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

**DOCUMENT # P02000009332**

1. Corporation Name  
**CUPERTINO HOLDINGS, INC., a Florida corporation**

2. Principal Office Address - No P.O. Box # <b>4400 PGA BOULEVARD</b>		3. Mailing Office Address	
Suite, Apt. #, etc. <b>SUITE 800</b>		Suite, Apt. #, etc.	
City & State <b>PALM BEACH GARDENS, FL</b>		City & State	
Zip <b>33410</b>	Country <b>US</b>	Zip	Country

7. Name and Address of Current Registered Agent

Name  
**J. RICHARD HARRIS, ESQUIRE**

Street Address (P.O. Box Number is Not Acceptable)  
**4400 PGA BOULEVARD**

Suite, Apt. #, Etc.  
**SUITE 800**

City  
**PALM BEACH GARDENS**

State  
**FL**

Zip Code  
**33410**

4. Date Incorporated or Qualified To Do Business in Florida **01/28/02**

5. FEI Number **75-2989474** ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT 05-08**

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. Richard Harris*

REGISTERED AGENT MUST SIGN

Date

*9/15/08*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/ S/T	<b>FEDERICO AVIDANO</b>	<b>4400 PGA BOULEVARD, SUITE 800</b>	<b>PALM BEACH GARDENS, FLORIDA 33410</b>

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 contained in Chapter 119, 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:

*Federico Avidano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**FEDERICO AVIDANO, PRESIDENT**

Date

*Sept 12/08*

Daytime Phone #