

P02000013952

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 22 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500080068895

CR2E081 (12/05)

DOCUMENT # P02000013952

1. Corporation Name

A Virtual Corporation of
Miami 05

2. Principal Office Address

2333 Brickell Ave

Suite, Apt. #, etc.

2812

City & State

Miami, FLA

Zip

33129

Country

USA

3. Mailing Office Address

2333 Brickell Ave

Suite, Apt. #, etc.

2812

City & State

Miami, FLA

Zip

33129

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/06/02

5. FEI Number

010692997

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

Cesar Gomez

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

260 CRANDON BLVD.

Suite, Apt. #, Etc.

Unit 14

City

Key Biscayne

State

FL

Zip Code

33149

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

9/21/06

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
PD	Sosa, Jorge	2333 Brickell Ave #2812	Miami FL 33129
SD	Vaamonde De Sosa Susana	2333 Brickell Ave #2812	Miami FL 33129

REINSTATEMENT 2005-2006

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Sosa

Date

9/21/06

Daytime Phone #

(305) 361-0105



CORPORATION SERVICE COMPANY

PO20000013952

ACCOUNT NO. : 072100000032

REFERENCE : 472478 7451904

AUTHORIZATION :

COST LIMIT :

[Signature]
\$ 758.75

FILED
06 SEP 22 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : September 22, 2006

908.75

ORDER TIME : 9:17 AM

ORDER NO. : 472478-005

CUSTOMER NO: 7451904

BK

DOMESTIC FILINGS

NAME: A VIRTUAL CORPORATION OF
MIAMI

RECEIVED
06 SEP 22 AM 10:46
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - Ext# 2930

EXAMINER'S INITIALS _____