

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**REINSTATEMENT**

FILED

07 SEP 27 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000030096

1. Corporation Name

PUERTOS DEL SOL CORPORATION

500110067935  
10/01/07--01003--004 \*\*450.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

3131 NW 123 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

3131 NW 123 TERR

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

SUNRISE FL

Zip

33323

Country

USA

Zip

33323

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03-12-2002

5. FEI Number

02-0557289

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

J AIME MORENO

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

3131 NW 123 TERRACE

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33323

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 AIME MORENO*

Date

7

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
P	J AIME MORENO	3131 NW 123 TERR.	SUNRISE FL 33323
VP	TIMOTHY MORENO	3131 NW 123 TERR	SUNRISE FL 33323
VP	MARCUS MORENO	3131 NW 123 TERR	SUNRISE FL 33323
			SP

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:

*J AIME MORENO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6 30/01/2007

Daytime Phone #