

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 19 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702000036257

1. Corporation Name

GET TO WORK CONSULTING SERVICES

2. Principal Office Address

1881 WASHINGTON AVE

Suite, Apt. #, etc.

5-H

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/02

5. FEI Number

03-042-7097

☒ 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

MARIA P. REVOREDO

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

1881 WASHINGTON AVE

Suite, Apt. #, Etc.

5H

City

Miami Beach

300027021133

01/15/04--01024--013 **158.75

300027021133

02/02/04--01057--005 **150.00

State

FL

Zip Code

33139

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

01/08/04

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
PRES	MARIA P. REVOREDO	1881 WASHINGTON AVE #5H	Miami Beach, FL 33139
Dir	DIANA RIVAS VA'SQUEZ	1790 KEYSTONE BLVD	NORTH Miami, FL 33181

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA P. REVOREDO

Date

01/08/04

Daytime Phone #

786-256-0421