

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

04 OCT 20 PM 12:09

**DOCUMENT # P02000056490**

**1. Corporation Name**

UOD West Holding, Inc.

701 Brickell Avenue  
701 Brickell Avenue

**2. Principal Office Address**  
701 Brickell Avenue

**3. Mailing Office Address**  
701 Brickell Avenue

Suite, Apt. #, etc.  
suite 2040

Suite, Apt. #, etc.  
Suite 2040

City & State  
Miami, FL

City & State  
Miami, FL

Zip Country  
33131 USA

Zip Country  
33131 USA

**4. Date Incorporated or Qualified  
To Do Business in Florida 5/21/02**

**5. FEI Number**  
37-1462975

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  
Jonathan J. Lichtman, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
120 E. Palmetto Park Road

Suite, Apt. #, Etc.  
Suite 100

City  
Boca Raton

State Zip Code  
FL 33432

**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

Date 10/19/04

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, P	Gustavo Hernandez	701 Brickell Avenue, Suite 2040	Miami, FL 33131
CEO	Cesar Hernandez	701 Brickell Avenue, Suite 2040	Miami, FL 33131
COO	Justin DalMolin	701 Brickell Avenue, Suite 2040	Miami, FL 33131
CFO	Justin DalMolin	"	"
S	Justin DalMolin	"	"

**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:**

Justin DalMolin

10/19/04

(305) 357-5576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)