PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 JUL -8 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000057053

1. Corporation Name
SUSEMIN OF FLORIDA SERVICES AND SUPPLIES C.A INC.

REINSTATEMENT 03-05

2. Principal Office Address		**3.** Mailing Office Address	
7655 SW 153 CT # 201		7655 SW 153 CT # 201	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
201		201	
City & State		City & State	
MIAMI, FLORIDA		MIAMI, FLORIDA	
Zip	Country	Zip	Country
33193	USA	33193	USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
36-4506407
☐ 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
JESUS A. COBOS

Street Address (P.O. Box Number is Not Acceptable)
7655 SW 153 CT # 201

Suite, Apt. #, Etc.
MIAMI

City
MIAMI, FLORIDA

State
FL

Zip Code
33193

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 07/05/05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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/M	ANTONIO PAREJA FONSECA	3670 SW 154 CT	MIAMI,FL. 33185
D	CARMEN S. PAREJA	3670 SW 154 CT	MIAMI,FL. 33185

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07/11/05--01002--004 **1058.75

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: _____ Antonio Pareja 07/05/05 305 5625589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/14/05