

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000059975

1. Corporation Name

1560 COLLINS AVE, INC.

2. Principal Office Address

1560 COLLINS AVE

Suite, Apt. #, etc.

STE 2

City & State

MIAMI BEACH FLORIDA

Zip

Country

33139-3158 UNITED STATES

3. Mailing Office Address

1560 COLLINS AVE

Suite, Apt. #, etc.

STE 2

City & State

MIAMI BEACH FLORIDA

Zip

Country

33139

UNITED STATES

FILED

06 MAR 31 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (8/05) 03-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

MAY 30th, 2002

5. FEI Number

71-0888477

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

EDUARDO R. LORA

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

1614 PENNSYLVANIA AVENUE

Suite, Apt. #, Etc.

2-6

City

MIAMI BEACH,

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-1-05

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
D	LUCE DUBEAU	1560 COLLINS AVE STE 2	MIAMI BEACH, FLORIDA 33139
H/D	EDUARDO R. LORA	1614 PENNSYLVANIA AVE STE 2-6	MIAMI BEACH, FLORIDA 33139

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] LUCE DUBEAU

DECEMBER 26th 2005 (305) 64-5281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #