

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

05 JUN -8 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000062321**

1. Corporation Name

CENTURY PROPERTY INVESTMENT, INC.

NOS-24660

2. Principal Office Address

9678 SW 138 AVEN.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33186

Country

MIAMI DADE

3. Mailing Office Address

9678 SW 138 AVEN

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33186

Country

MIAMI DADE

REINSTATEMENT

13-05

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

06/05/2002

5. FEI Number

04-3683144

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

AMARAL, ERICK

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

9678 SW 138 AVEN.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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

ERICK AMARAL - ERICK AMARAL
REGISTERED AGENT MUST SIGN

Date **05/31/05**

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, S	AMARAL, ERICK	9678 SW 138 AVEN.	MIAMI, FL 33186

500055903985

06/09/05 01047 000 **1050.75

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

ERICK AMARAL - ERICK AMARAL - PRESIDENT **05/31/05**
786-273-8886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)