

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

06 FEB 24 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000102051

1. Corporation Name

SAN MATEO, INC.

2. Principal Office Address

18851 NE 29TH AVENUE

3. Mailing Office Address

18851 NE 29TH AVENUE

Suite, Apt. #, etc.

900

Suite, Apt. #, etc.

900

City & State

AVENTURA, FLORIDA

City & State

AVENTURA, FLORIDA

Zip

333180

Country

US

Zip

33180

Country

US

800067378968

03/08/06--01008--027 \*\*1200.00

**REINSTATEMENT**

03-06

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
48-1281088

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

MARK E. ROUSSO, ESQ.

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

18851 NE 29TH AVENUE

Suite, Apt. #, Etc.

SUITE 900

City

AVENTURA

State

FL

Zip Code

33180

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

2/2006

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
PVTS	CARMEN LUISA THAMIR ALFARO ORTIZ	18851 NE 29TH AVENUE, SUITE 900	AVENTURA, FL 33180

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 contained in Chapter 119, 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

2/2006

Date

786-279 0000

Daytime Phone #

K. Eckel FEB 24 2006