

APPROVE  
AND  
THIS FORM.



06 MAR 30 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 05-06 *DS*

**1. Corporation Name**

**2. Principal Office Address**  
**12404 SW 252 TERR**

### 3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI**

City &amp; State

**Zio**  
**33032**

Country  
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 09/27/2002

5. EEI Number **74-3062525**

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 **ANGEL VEGA**

Street Address (P.O. Box Number is Not Acceptable)  
12404 SW 252 TERR

Suite, Apt. #, Etc.

City **MIAMI**

State  
FL

Zip Code  
33032

**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 03/20/06

**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
P	VEGA, ANGEL	12404 SW 252 TERR	MIAMI, FL, 33032
			900070226029 04/12/06--01042--001 **500.00
			900070226029 04/12/06--01042--002 **400.00

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/06 (786) 351-9731  
Date Daytime Phone #