

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC 13 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700113217947
12/18/07--01016--005 **300.00

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 10/11/2002

5. FFI Number 760723041
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name
SCOTT G VILLANUEVA

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

Suite, Apt. #, Etc.
SUITE 1580

City
MIAMI

State
FL

Zip Code
33131

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

Scott Villanueva
REGISTERED AGENT MUST SIGN

Date 12-12-2007

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
PD	ANGEL L VALE	801 BRICKELL AVENUE SUITE 1580	MIAMI, FL 33131
SD	ANGEL L SUNE	801 BRICKELL AVENUE SUITE 1580	MIAMI, FL 33131

REINSTATEMENT
RH

12-07

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

12-12-2007

Date

Daytime Phone #