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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**05 OCT 17 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02000120008

1. Corporation Name

THE COURT 1404 INC.

2. Principal Office Address

801 BRICKELL KEY

3. Mailing Office Address

SAME

Suits, Apt. #, etc.

#1404

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33133

Country

MIA-DADE

Zip

Country

REINSTATEMENT4. Date Incorporated or Qualified
To Do Business in Florida**11/15/2002**

5. FEI Number

☒ 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

HERIBERTO ARIZA

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

801 Brickell Key #1404

Suite, Apt. #, Etc.

#1404

City

MIAMI

State

FL

Zip Code

33133

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*Heriberto Ariza*Date **10/17/05**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	JULIAN E. OSSA	801 Brickell Key #1404	Miami, FL 33133
RA	HERIBERTO ARIZA	801 Brickell Key #1404	Miami, FL 33133

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:

*Heriberto Ariza***1-17/05 305-213-8929**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20f2

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

THE COURT 1404 INC.

Certificate of Status	0
Certified Copy	0
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