PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9. Names and Street Addresses of Each Officer and/or Director's Officer and/or Director's Street Address of Each Officer and/or Director's Officer a	CORPORATION REINSTATEMENT		Secretary	MËNT OF STATE of State rporations		FILE			
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Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City/State/Zip Milages Sancez 1360 Brickel Ave. Mam., FL33131 Milages Sancez 1360 Brickel Ave. Mam., FL33131 11/05/04-01046-015 ***750.00 10.1 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 filling 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 indybridals 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.	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 10 - 25 - 04 REGISTERED AGENT MUST SIGN						CR2E081 (01/04)		
Officer and/or Directors Officer and/or Director Milages Sanchez 1360 Brickel Ave. Mam., FL33131 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 filling 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.	9. Names and Street Addresses of Each Officer	and/or Director (Fi	orida nonprofi	t corporations must list at l	east 3 directors)				
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SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deviling Phone #	fees icated								