

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 30 AM 9:53

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000121401

1. Corporation Name

Florida C.C.U., Inc.

2. Principal Office Address

2425 NW 14th St

Suite, Apt. #, etc.

#2

City & State

Miami FL

Zip

33125

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/13/02

5. FEI Number

30-0128014

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

CARLOS MATUTE

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

2425 N.W. 14th Street

Suite, Apt. #, Etc.

#2

City

Miami

State

FL

Zip Code

33125

900023417269

09/30/03--01021--004 **750.00

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

(X)

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/26/03

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
Pres	CARLOS MATUTE	2425 NW 14th St #2	Miami FL 33125
V.Pres	CARLOS IZAGUIRRE	405 NW 37th St #A	Miami FL 33127

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

(X)

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/03

Date

(305) 637-0764

Daytime Phone #

CR2E081 (1/0/02)