

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03-05 Re
FILED

05 AUG 11 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000121674*

1. Corporation Name

Casa Al Sol, Interiors, INC.

500058474675
08/11/05--01020--001 **1058.75

2. Principal Office Address

1688 West Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

209

Suite, Apt. #, etc.

Same

City & State

Miami Beach

City & State

Same

Zip

33139

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/2002

5. FEI Number

06-1661789

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

Cristiana Corugedo

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

1688 West Avenue

Suite, Apt. #, Etc.

209

City

Miami Beach

State
FL

Zip Code
33139

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

REGISTERED AGENT MUST SIGN

Date

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 |
|--------|--------------------------------------|---|------------------------|
| PS | Cristiana Corugedo | 1688 West Avenue, Suite 209 | Miami Beach, FL. 33139 |
| VT | Mariela Geigel | 1688 West Avenue, Suite 209 | Miami Beach, FL. 33139 |
| | | | |
| | | | |
| | | | |
| | | | |

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:

Cristiana Corugedo 8/9/05 576-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)