

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 25 AM 9:23

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000128289

1. Corporation Name

ALEIDA VERDASCO, INC
4465 Coral Hills Drive
Coral Springs, FL 33065

2. Principal Office Address

4465 Coral Hills Dr

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

Broward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number

85-0487906

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

Aleida Verdasco

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

4465 Coral Hills Dr

Suite, Apt. #, Etc.

City

Coral Springs

State
FL

Zip Code

33065

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

Aleida Verdasco

REGISTERED AGENT MUST SIGN

Date

10/14/06

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
P	Aleida Verdasco Austin	4465 Coral Hills Dr	Coral Springs, FL 33065

200091200360
10/25/06--01066--009 **1200.00

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:

Aleida Verdasco Austin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/06 (954) 818-4709
Date Daytime Phone #