

2005-FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000003610

1. Entity Name
PENINSULA DEVELOPMENT CORPORATION OF SOUTH
FLORIDA



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -6 PM 3:13

Principal Place of Business Mailing Address
C/O SHAPIRO RAMOS, P.A. C/O SHAPIRO RAMOS, P.A.
ONE SE 3 AVE, STE 1450, SUNTRUST INT'L CTR ONE SE 3 AVE, STE 1450, SUNTRUST INT'L CTR
MIAMI, FL 33131 MIAMI, FL 33131

REINSTATEMENT 04-05

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



03142005 REIN-P CR2E098 (6/04) 04-05

4. FEI Number 13-423381B Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAPIRO, JEFFREY P.
SHAPIRO RAMOS, P.A.
ONE SE 3 AVE, STE 1450, SUNTRUST INT'L CTR
MIAMI, FL 33131

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/05

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME JORGE BRACERAS
STREET ADDRESS 40 ONE SE 3 AVE. STE 1450
CITY-ST-ZIP MIAMI, FL 33131

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #