PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2016 OCT -6 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000010337

1. Corporation Name

AMIGO INC. REINSTATEMENT 2006-15

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10/06/15--01006--007 **2135.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1438 COMMODORE WAY	1438 COMMODORE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL	City & State: HOLLYWOOD, FL
Zip: 33019 Country:	Zip: 33019 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 01/28/2003

5. FEI Number: 01-0765177 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: EXPRESS CORPORATE FILING SERVICE INC

Street Address (P.O. Box Number is Not Acceptable): 1000 PONCE DE LEON BLVD

Suite, Apt. #, Etc.: SUITE: 105

City: CORAL GABLES State: FL Zip Code: 33134

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: Justo Quesada Date:

REGISTERED AGENT MUST SIGN

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	JUSTO QUESADA	1438 COMMODORE WAY	HOLLYWOOD, FL 33019
V	JUSTO A. QUESADA	1438 COMMODORE WAY	HOLLYWOOD, FL 33019
S/T	MANUEL QUESADA	1438 COMMODORE WAY	HOLLYWOOD, FL 33019

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Justo Quesada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ASR