

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 18 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000025529

1. Corporation Name:

CIAC MIAMI & COMPANY, INC.

9581 FONTAINEBLEAU BLVD
9581 FONTAINEBLEAU BLVD

2. Principal Office Address

9581 FONTAINEBLEAU BLVD

3. Mailing Office Address

9581 FONTAINEBLEAU BLVD

Suite, Apt. #, etc.

215

Suite, Apt. #, etc.

NO 215

City & State

MIAMI, FL

City & State

MIAMI FL

Zip

33172

Country

USA

Zip

33172

Country

USA

REINSTATEMENT 04

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

3-4-03

5. FFI Number

04-3749938

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875. Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MANSILLA, Julio P.

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

9581 Fontainebleau Blvd.

Suite, Apt. #, Etc.

NO. 215

City

Miami

State

FL

Zip Code

33172

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *11-15-04*

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
PTD	MANSILLA, Julio P.	9581 Fontainebleau Blvd.	Miami, FL 33172
VSD	MANSILLA, SANDRA	9581 Fontainebleau Blvd, 215	Miami, FL 33172

[Signature]

200042878902
11/18/04--01070--014 **150.00

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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio P. Mansilla

11-15-04 (305) 551-2795

Date

Daytime Phone #

OCTOBER 28, 2004

STATE OF FLORIDA
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

ENCLOSED PLEASE FIND CHECK IN THE AMOUNT OF \$150 FOR THE 2004 UNIFORM BUSINESS REPORT, THAT WE DID NOT MAIL ON TIME DUE TO WE NEVER RECEIVED THE REPORT FROM THE STATE OF FLORIDA. IN ADDITION WE WERE NOT AWARE OF THIS ANNUAL REPORT BECAUSE THIS IS THE FIRST TIME DOING BUSINESS IN FLORIDA.

WE APOLOGIZE FOR THE INCOVENIENCES THIS MIGHT CAUSE TO YOU.

SINCERELY,

y

JULIO MANSILLA
PRESIDENT
CIAC MIAMI & COMPANY, INC.