

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 10 PM 1:43

DOCUMENT # P03000105818

1. Corporation Name

C.I. ALDEA, LTDA, INC.
c/o 13955 SW 103 Terrace
Miami, Florida 33186

2. Principal Office Address

13955 SW 103 Terrace

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

Country

Zip

Country

33186

US

4. Date Incorporated or Qualified
To Do Business in Florida

9/25/2003

5. FEI Number

20-0253930

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 05-06

7. Name and Address of Current Registered Agent

Name

Ernesto Martinez

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

13955 SW 103 Terrace

Suite, Apt. #, Etc.

Miami, FL 33186

City

State
FL

Zip Code

300080642943
10/10/06--01005--015 **750.00

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

10/4/06

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	Ernesto Martinez	13955 SW 103 Terr	Miami, FL 33186
VP	Frank T. Rivera	7915 SW 104 St #G-101	Miami, FL 33156

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/06

Date

Daytime Phone #

RECEIVED OCT 10 2003

2092

**C.I. ALDEA LTDA INC.
C/O 13955 SW 103 Terrace
Miami, Florida 33186**

October 4, 1006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Reinstatement

Attached please find our check in the amount of \$750.00 payable to the Department of State. We are requesting reinstatement of C.I. Aldea LTDA Inc. Please accept our apologies for not sending the annual report for the corporation when due, however, my family and I have been going through some very difficult moments in the last two years. Attached to this letter is my beloved daughter Jessica's death certificate. Our dearest child was taken away from us very suddenly and both my wife and I have been extremely distraught ever since. Quite frankly, I have not been able to concentrate on my work for many months and the annual filing of the corporation's report was not a priority for us. We also moved from our previous home and some of our mail was never forwarded to our new address. We never received the annual filing notice. However, little by little we have been getting accustomed to the reality of what has happened to us and life goes on.

I am now requesting that you consider these facts and please assist me in this. I need to reinstate the corporation to continue with our business.

Please feel free to contact me directly with any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ernesto Martinez', with a stylized flourish at the end.

Ernesto Martinez