

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB 22 PM 4:24

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

600170228766  
02/23/10--01020--001 \*\*450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida

03/14/2003

5. FEI Number

Applied For

20-0586422

Not Applicable
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6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required for a Certificate of Status**

## 7. Name and Address of Current Registered Agent

Name

Name ROSAMARIA V. Perez

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

6861 SW 132 AVE

Suite, Apt. #; Etc.

City

miami

State

FL

Zip Code

33183

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

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	PEREZ, CARLOS SR.	6861 SW 132 AVE <del>MIAMI, FL 33183</del>	MIAMI, FL 33183
V.P.	PEREZ, ROSAMARIA T.	6861 SW 132 AVE	MIAMI, FL 33183

# REINSTATEMENT

**M. MILLIGAN**  
**EXAMINER**

~~FEB 23 2010~~

10. E-mail Address: JUSTALEX7@HOTMAIL.COM

(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., 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.

SIGNATURE: Rasamania T. Perez (Rasamania T. Perez) Feb. 18, 2010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #