

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
10 MAR -4 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000047783

1. Corporation Name

Synto Solimar 409 Inc.

**REINSTATEMENT** 08-10

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #  
1500 San Remo Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 248

City & State

City & State

Coral Gables, Fl. 33146

Zip Country  
33146 USA

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/16/04

5. FEI Number  
20-3644434

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Pablo R. Bared, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
1500 San Remo Avenue, Suite 248

Suite, Apt. #, Etc.

City  
Coral Gables, Fl. 33146

State Zip Code  
FL

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

REGISTERED AGENT MUST SIGN

Date 2/17/2010

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
D/P	Mario Castro	9559 Collins Ave, #409	Bal Harbour, Fl. 33154
D/S	Perla Gomez Catalan	9559 Collins Ave, #409	Bal Harbour, Fl. 33154

600171278246  
03/04/10--01044--012 \*\*450.00

10. E-mail Address: mimi@baredlaw.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: M. Castro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/10

3056666010

Date Daytime Phone #

2/5a