

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**06 DEC 18 AM 9:07**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P-04000049599

1. Corporation Name

M Cifuentes Properties Corporation

2. Principal Office Address

7342 Harney Road

Suite, Apt. #, etc.

3. Mailing Office Address

74-25 85th Road

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Woodhaven NY

Zip

33617

Country

USA

Zip

11421

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

16-1696065

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

Alex Moran

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

7340 Harney Road.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33617

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

12-12-2006

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
<u>PT</u>	<u>Monica Cifuentes</u>	<u>74-25 85th Road</u>	<u>Woodhaven NY 11421</u>
<u>T</u>	<u>Monica Cifuentes</u>	<u>74-25 85th Road</u>	<u>Woodhaven NY 11421</u>
<u>S</u>	<u>Monica Cifuentes</u>	<u>74-25 85th Road</u>	<u>Woodhaven NY 11421</u>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-2006

Date

718-296-0750

Daytime Phone #