

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000068854

1. Corporation Name

ALBORNOZ CORPORATION

2. Principal Office Address - No P.O. Box #
1400 NE MIAMI GARDENS DR.

3. Mailing Office Address
1400 NE MIAMI GARDENS DR.

Suite, Apt. #, etc.
105

Suite, Apt. #, etc.
105

City & State
NORTH MIAMI BEACH/FL

City & State
NORTH MIAMI BEACH/FL

Zip
33179

Country
USA

Zip
33179

Country
USA

7. Name and Address of Current Registered Agent

Name
MARINELLY ALBORNOZ

Street Address (P.O. Box Number is Not Acceptable)
1400 NE MIAMI GARDENS DR

Suite, Apt. #, Etc.
105

City
NORTH MIAMI BEACH

State
FL

Zip Code
33179

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

Marinelly Alborno
REGISTERED AGENT MUST SIGN

Date **06/01/07**

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,S,D.	MARINELLY ALBORNOZ	1400 NE MIAMI GARDENS DR. # 105	NORTH MIAMI BEACH/FL/33179

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:

Marinelly Alborno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/01/07

Date

786-300-3436

Daytime Phone #

FILED

2007 JUN -5 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **04/26/2004**

5. FEI Number **20-1031744**

Applied For

Not Applicable

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

☐ 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.

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06/05/07--01009--007 ***900.00

b/Jan