


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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**FILED**  
**06 MAY 22 PM 12: 29**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P04000074706**

**1. Corporation Name**

**BEGINNINGS OF MIAMI INC**

**2. Principal Office Address**

**134 NW 44th ST.**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip

**33126**

Country

**3. Mailing Office Address**

**134 NW 44th ST.**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip

**33126**

Country

**100075548341**  
**05/31/06--01015--022 \*\*750.00**  
**REINSTATEMENT 05-06**  
**CR2E081 (12/05)**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

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

**ROCIO VILLAR**

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

**134 NW 44th ST.**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33126**

**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

**Rocio Villar**

Date **05/16/2006**

**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
PD	MARTIN AGRAMONTE	134 NW 44th ST.	MIAMI FL 33126

**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

Date

Daytime Phone #