## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINST		ENT	0400007483	DIVIS	DEPART Secretary	y of S			FILED OCT -6 PM I: 17 LAHASSEE, FLORIE		
1. Corporation Name  IRINA ALVAREZ PA								IAL	CHUHOOEE, LEONE	, n	
IRIN	IA AL\	/AR	EZ PA				<b>=</b>				
2. Principal Of 2030 So	uth Oc		3. Mailing Office Address 2030 South Ocean Drive				CR2E081 (10/08)				
Suite, Apt. #, et # 1415	tc.		Suite, Apt. #, etc.  # 1415				4. Date Incorporated or Qualified				
City & State				City & State					ness in Florida 5-7-2004	·	
Hallandale Beach, Fl				Hallandale Beach, Fl			=1	5. FEI Numbe 20-10-94		Applied For Not Applicable	
<sup>Zip</sup> 33009	USA		Zip 33009	,		try <b>A</b>	6. CERTIFICATE	RTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent											
Name IRINA ALVAREZ Street Address (P.O. Box Number is Not Acceptable) 2030 South Ocean Drive Suite, Apt. #, Etc. # 1415 City Hallandale Beach, FI						State Zip Code FL 33009			✓ 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 ob- Signature of  Registered Agent  REGISTERED AGENT MUST SIGN								bligations of section 607,0505 or 617,0503, F.S.  Date 10-1-08			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea											
Titles		Officer	Name of rs and/or Director	s	Street Address of Each Officer and/or Directo				City / State	e / Zip	
P II	IRINA ALVAREZ				2030South Ocean Drive			ve, # 1415	Hallandale Beacl	h, Fl. , 33009	
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				KH				10708	/01/36661 /0801041009	**300.00	
-	R	E	INST	ATEN	<b>NFI</b>	VT	7			,	
						. • 1		10/08	<del>10136661</del> /0801041010	**8.75	
this reinstr owed by the	atement app the corporati eplication is t	dication, on have	the reason for dis been paid and the	solution has been playnes of individ	n eliminated luals listed (	the co	porate name satisfie	s the requirements an exemption con er oath.	pter 607 or 617, F.S. I further of of section 607.0401 or 617.04 tained in Chapter 119, F.S. The 786-205	01, F.S., that all fees e information indicated	
CIGITATO		NATUR	E AND TYPED OR P	RINTED NAME OF	SIGNING OF	FICER O	R DIRECTOR	·	Date Dayt	ime Phone #	