

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000090829

1. Corporation Name

M1406 05/10 CORP.

2. Principal Office Address - No P.O. Box #

2600 Douglas Rd.

Suite, Apt. #, etc.

Suite 1100

City & State

Coral Gables, FL.

Zip

33134

Country

USA

3. Mailing Office Address

2600 Douglas Rd.

Suite, Apt. #, etc.

Suite 1100

City & State

Coral Gables, FL.

Zip

33134

Country

USA

7. Name and Address of Current Registered Agent

Name

JORGE L. GURIAN

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

2600 Douglas Rd.

Suite, Apt. #, Etc.

Suite 1100

City

Coral Gables

State

FL

Zip Code

33134

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 02/22/2007

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	JOSE VARGAS	2600 Douglas Rd. Suite 1100	Coral Gables, FL 33134
D/S	JANETT DE VARGAS	2600 Douglas Rd. Suite 1100	Coral Gables, FL 33134

REINSTATEMENT

B2/bn
05-07

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/07

Date

(305) 279-4101

Daytime Phone #

FILED

2007 FEB 26 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100089720011

03/01/07--01002--023 **450.00

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/2004

5. FEI Number

20-1233334

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.