

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 30 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000121344

1. Corporation Name

Tequesta 3502 Corporation

300164067353
12/30/09--01042--013 **\$00.00

REINSTATEMENT 08-09

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

1000 Brickell Avenue

Suite, Apt. #, etc.

suite 215

City & State

Miami, Florida

Zip
33131

Country
USA

3. Mailing Office Address

1000 Brickell Avenue

Suite, Apt. #, etc.

Suite 215

City & State

Miami, Florida

Zip
33131

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 08/23/2004

5. FEI Number
203830275

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

Corporate Maintenance Services, LLC

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

1000 Brickell Avenue

Suite, Apt. #, Etc.

Suite 215

City

Miami

State

FL

Zip Code

33131

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 obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 12/16/2009

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	SIERRA, AMPARO	1000 Brickell Avenue, Suite 215	Miami, Florida 33131
TD	TORRES, LAURA	1000 Brickell Avenue, Suite 215	Miami, Florida 33131
SD	TORRES, SIMON	1000 Brickell Avenue, Suite 215	Miami, Florida 33131

10. E-mail Address: asierra.figueroa@gmail.com

(To be used for future annual report notification)

11. 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. I further certify 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:

AMPARO SIERRA

18-12-09

(573)3132074419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #