

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -5 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000127305

1. Corporation Name

CENTRO UNO INC.

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

3898 PEMBROKE RD

Suite, Apt #, etc.

3. Mailing Office Address

PO BOX 52-0754

Suite, Apt #, etc.

City & State

HOLLYWOOD FL

City & State

MIAMI FL

Zip

33021

Country

Zip

33152

Country

BROWARD

400164201494

01/05/10--01002--010 **158.75

REINSTATEMENT

09

4. Date Incorporated or Qualified
To Do Business in Florida

NOV 2004

5. FEI Number

30-0284238

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

RICHARD ADAMS JR

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

1165 W 49 ST

Suite, Apt #, Etc.

#107

City

HIALEAH

State

FL

Zip Code

33012

☒ 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

REGISTERED AGENT MUST SIGN

Date 12/30/09.

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, D	EDWARD KASKEL	3898 PEMBROKE RD	HOLLYWOOD FL 33021

10. E-mail Address: NONE

(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:

EDWARD KASKEL

12/30/09

3053107235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #