

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000008917

1. Corporation Name

INCO CHALLENGE CORP

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

9840 S.W. 77TH AVE.

Suite, Apt. #, etc.

SUITE 301

City & State

MIAMI, FL

Zip

33156

Country

USA

3. Mailing Office Address

9840 S.W. 77TH AVE.

Suite, Apt. #, etc.

SUITE 301

City & State

MIAMI, FL

Zip

33156

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/2005

5. FEI Number

20-2224003

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

PATRICIO CERVANTES

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

9840 S.W. 77TH AVE.

Suite, Apt. #, Etc.

SUITE 301

City

MIAMI

State

FL

Zip Code

33156

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

P. Cervantes

REGISTERED AGENT MUST SIGN

Date APRIL 30, 2010

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	PATRICIO CERVANTES	9840 S.W. 77TH AVE., SUITE 301	MIAMI, FL 33156
S	MARIA E. CERVANTES	9840 S.W. 77TH AVE., SUITE 301	MIAMI, FL 33156

10. E-mail Address: mcervantes@gammahomes.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. Cervantes
APRIL 30, 2010

Date

Daytime Phone #

FILED
10 MAY -6 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

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