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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 APR 30 PM 1:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000016240

1. Corporation Name
Saint Felip Corporation

REINSTATEMENT

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5677 SW 142 Ave.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33183 County: Dade	Zip: County:

4. Date Incorporated or Qualified To Do Business in Florida: Jan 31 2005

5. FEI Number: 26-2492419 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Maria E. Escobar

Street Address (P.O. Box Number is Not Acceptable): 5677 SW 142 Ave.

Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33183

☒ 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: MEW Date: 4/28/08
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Maria E. Escobar	5677 SW 142 Ave	Miami, FL 33183
Secr.	Carmen Escobar	5677 SW 142 Ave	Miami FL 33183

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: MEW Maria E. Escobar 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell APR 30 2008

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Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : I20070000146
Phone : (305)406-3800
Fax Number : (305)406-3999

CORPORATION REINSTATEMENT

SAINT FELIP, CORPORATION.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	[redacted]

$300.00

Thank You!

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