

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000050740

1. Corporation Name

HRM OF MIAMI CORP

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

3876 SW 112 AVE

Suite, Apt. #, etc.

165

City & State

MIAMI, FL

Zip

33165

Country

DADE

3. Mailing Office Address

3876 SW 112 AVE

Suite, Apt. #, etc.

165

City & State

MIAMI FL

Zip

3316

Country

DADE

7. Name and Address of Current Registered Agent

Name

GUERRERO DILIO

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

3876 SW 112 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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 **04/14/2010**

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
P	Guerrero Dilio	3876 sw 112 ave	Miami Fl 33165
vp	Guerrero Sonia	3876 sw 112 ave	Miami Fl 33165

500176686205
04/20/10--01043--014 --\$450.00

204/21

10. E-mail Address: **excellencertg@yahoo.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:

Dilio Guerrero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/2010 786-246-3855

Date

Daytime Phone #

FILED

10 APR 20 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida **04/05/200**

5. FEI Number

20-2644607

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.