

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 APR -7 AM 7:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000092337

1. Corporation Name

AVENUE 609 CORP

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

2600 Douglas Road

Suite, Apt. #, etc.

Suite 1100

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

2600 Douglas Road

Suite, Apt. #, etc.

Suite 1100

City & State

Coral Gables, FL

Zip

33134

Country

USA

000122546370  
04/08/08--01015--010 \*\*450.00

REINSTATEMENT 06-08

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/2005

5. FEI Number

20-3071798

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

JORGE L. GURIAN

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

2600 Douglas Road

Suite, Apt. #, Etc.

Suite 1100

City

Coral Gables, FL

State

FL

Zip Code

33134

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 04/04/2008

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	JOSE ESTRADA	2600 Douglas Road Suite 1100	Coral Gables, FL 33134
SD	ELIA ESTRADA	2600 Douglas Road Suite 1100	Coral Gables, FL 33134
	<i>Handwritten initials</i>		

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:

DIRECTOR

04/04/2008

305-279-4101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #