

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 OCT 24 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000095997

1. Corporation Name

THE IVY 3206-20-05 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

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida 7/07/2005

5. FEI Number

203113091

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

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 that the entity did not receive and is 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/20/2008

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 |
|--------|--------------------------------------|---|------------------------|
| PSD | ANTONIO RESTREPO | 2600 Douglas Road Suite 1100 | Coral Gables, FL 33134 |
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO RESTREPO

10/20/2008

Date

305-279-4101

Daytime Phone #

8 Mitchell OCT 21 2008

2 of 2

October, 20 2008

Division of Corporations
State of Florida
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: THE IVY 3206-20/05 CORP (P05000095997)

To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for THE IVY 3206-20/05 CORP .The annual Uniform Business Report had not been filed previously because the principal officer/ director had never received the renewal package during calendar year 2006 , 2007 and 2008. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2006, 2007 & 2008.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very truly yours,


JORGE L. GURIAN
ANTONIO RESTREPO

Enclosure