

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 15 PM 1:06

DOCUMENT # P05000116539

1. Corporation Name

THE AYR GROUP, INC.

900133269143
07/22/08--01012--021 **450.00

CR2E081 (12/07)

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

11060 SW 196 ST

Suite, Apt. #, etc.

SUITE 402

City & State

CUTLER BAY, FL

3. Mailing Office Address

11060 SW 196 ST

Suite, Apt. #, etc.

SUITE 402

City & State

CUTLER BAY, FL

Zip

33157

Country

USA

Zip

33157

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/2005

5. FEI Number
26-2963722

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

AUGUSTO J. NINA

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

11060 SW 196 ST

Suite, Apt. #, Etc.

SUITE 402

City

CUTLER BAY

State

FL

Zip Code

33157

☒ 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 07/11/2008

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
P	AUGUSTO J. NINA	11060 SW 196 ST # 402	CUTLER BAY, FL 33157
VP	YOSELYN C. NINA	11060 SW 196 ST # 402	CUTLER BAY, FL 33157

REINSTATEMENT 06-08 7/15/08

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:

AUGUSTO J. NINA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/11/2008

Date

305-898-7296

Daytime Phone #