

2006 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAY 14 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P05000117432*

1. Corporation Name

Inversiones Ghost, Corp.

2. Principal Office Address

234 S.E. 1st Street

Suite, Apt. #, etc.

City & State

Dania Beach, FL

Zip

33004

Country

USA

3. Mailing Office Address

234 SE 1st St.

Suite, Apt. #, etc.

City & State

Dania Beach, FL

Zip

33004

Country

USA

REINSTATEMENT *06-07*

4/19/07 90200 042 150.00

**4. Date incorporated or Qualified
To Do Business in Florida**

5. FEI Number

20-3529040

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

Montillon, Estilita M.

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

234 S.E. 1st Street

Suite, Apt. #, Etc.

City

Dania Beach

State

FL

Zip Code

33004

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

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
<i>Presdt</i>	<i>Estilita Montillon</i>	<i>234 S.E. 1st Street</i>	<i>FL, 33004</i>
<i>Vcpdt</i>	<i>Danielo Perez</i>	<i>234 S.E. 1st Street</i>	<i>FL, 33004</i>

800103591178
*05/31/07--01010--003 **150.00*

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 under section 119.07(3)(i), 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:

Estilita Montillon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/09/07 984-394-2754

Daytime Phone #

5123

CR2E081 (9/01)