

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 28 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000127076

1. Corporation Name

FONTE DEL SOLE CORPORATION

2. Principal Office Address - No P.O. Box #
800 S.W. 8th Street

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33130

Country
MIAMI-DADE

3. Mailing Office Address
11980 S.W. 43 Street

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33175

Country
MIAMI-DADE

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida September 15, 2005

5. FEI Number

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

LUCAS E. HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
11980 S.W. 43 Street

Suite, Apt. #, Etc.

City
MIAMI, FLORIDA

State
FL

Zip Code
33175

☐ 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

E. Hernandez

REGISTERED AGENT MUST SIGN

Date 12-26-07

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
D	LUCAS E. HERNANDEZ	11980 S.W. 43rd Street	MIAMI, FLORIDA 33175
D	ANA M. HERNANDEZ	11980 S.W. 43rd Street	MIAMI, FLORIDA 33175

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:

E. Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-26-07 305-603-4616

2/2

LAW OFFICES

Rosillo & Rosillo

SUITE 100 525 NORTHWEST 27TH AVENUE

Miami, Florida 33125

ALBERT P. ROSILLO
ALBERT ROSILLO, JR.

TELEPHONE (305) 643-4616
FAX (305) 643-4618

December 26, 2007

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Reinstatement Application for:
FONTE DEL SOLE CORPORATION

Gentlemen:

Enclosed find Application for Reinstatement of the above mentioned corporation,
together with my check for \$908.75 to cover the reinstatement fee as well as obtaining a
Certificate of Status. *NO. 5135*

Please send certificate of status and reinstatement of corporation to the
undersigned attorney.

Your prompt attention to this matter is greatly appreciated.

Very Truly yours,



ALBERT P. ROSILLO