

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P05000133183**

1. Corporation Name

**2131 ACQUISITION GROUP INC**

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

**2131 HOLLYWOOD BLVD**

Suite, Apt. #, etc.

City & State

**HOLLYWOOD, FLORIDA**

Zip  
**33020**

Country

3. Mailing Office Address

**3015 DE SOTO BLVD**

Suite, Apt. #, etc.

City & State

**CORAL GABLES, FLA.**

Zip

**33134**

Country

4. Date Incorporated or Qualified

To Do Business in Florida **9/27/2005**

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

**JULIO RODRIGUEZ**

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

**3128 CORAL WAY**

Suite, Apt. #, Etc.

City

**MIAMI,**

State

**FL**

Zip Code

**33145**

☒ 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

Date **02/10/2010**

REGISTERED AGENT MUST SIGN

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
S	PAUL REGAN	2131 HOLLYWOOD BLVD	HOLLYWOOD, FLA. 33020
PD	JULIO RODRIGUEZ	3015 DE SOTO BLVD	CORAL GABLES, FLA. 33134
V	MARIA GRECO REGAIN	2131 HOLLYWOOD BLVD	HOLLYWOOD, FLA. 33020
TD	MARIA RODRIGUEZ	3015 DE SOTO BLVD	CORAL GABLES, FLA. 33134

**REINSTATEMENT**

**RR**

10. E-mail Address: **INFO@PROSUS.NET**

(To be used for future annual report notification)

11. 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. I further certify, 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:

**JULIO RODRIGUEZ**

2/10/2010 305-359-4491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #