

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 30 PM 12:09

DOCUMENT # *P05000159469*

1. Corporation Name

C Randon Management, Inc.

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

1865 Brickell Ave.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Bldg. A, TownHouse II

Suite, Apt. #, etc.

City & State

MIAMI, FLA

City & State

Zip

33129

Country

USA.

Zip

Country

7. Name and Address of Current Registered Agent

Name

Dr. Julio A. Avello

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

1865 Brickell Ave.

Suite, Apt. #, Etc.

Bldg. A TownHouse II

City

Miami, FL 33129

State

FL

Zip Code

33129

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

Julio A. Avello
REGISTERED AGENT MUST SIGN

Date *Oct 23/2009*

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>PRES</i>	<i>Julio A. Avello</i>	<i>1865 Brickell, ATH II</i>	<i>Miami, FL 33129</i>
<i>SEC.</i>	<i>Cristina Samuano</i>	<i>231 Island Dr.</i>	<i>Key Biscayne, FL 33149</i>

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:

Julio A. Avello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 23/09 305-776-6723
Daytime Phone #