

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 OCT 14 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P06000003998**

1. Corporation Name

PRESAMES, INC

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

4301 W. FLAGLER ST.

Suite, Apt. #, etc.

A9

City & State

MIAMI

Zip

33126

Country

USA

3. Mailing Office Address

P.O. Box 145266

Suite, Apt. #, etc.

City & State

CORAL GABLES

Zip

33114-5266

Country

USA

7. Name and Address of Current Registered Agent

Name

RONALD RUBIN DOMINGUEZ

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

4301 W. FLAGLER ST.

Suite, Apt. #, Etc.

A9

City

MIAMI

State

FL

Zip Code

33126

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

Date

9/29/08

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
P/T/D	Ronald Rubin Dominguez	4301 W. FLAGLER ST.	MIAMI, FL. 33126
C	MIGUEL ANGEL CRUZ	1495 SW 14 ST.	BOCA RATON, FL. 33486
C	Ruben SANTANA	2927 HOLLY POINT	JACKSONVILLE, FL. 32277

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/29/08 (786) 260-4604

Daytime Phone #

500136673525
10/06/08--01061--004 **236.25

500136673525
10/06/08--01061--005 **62.00

REINSTATEMENT

07-08^{KS}

4. Date Incorporated or Qualified To Do Business in Florida

JAN. 10, 2006

5. FEI Number

37-1497139

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required for a Certificate of Status

☒ 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.