

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAY 21 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000012172

1. Corporation Name

Pampillo Project And Architecture
group, Corp

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

5201 Blue Lagoon Dr Same AS

Suite, Apt. #, etc.

916

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

Principal

City & State

Zip

Country

500180413485
05/05/10--01036--009 **308.75

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/2006

5. FEI Number

20-4193768

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

Jose D. Basilio

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

1414 NW 107 Ave

Suite, Apt. #, Etc

206

City

Miami

State

FL

Zip Code

33172

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Jose Basilio

Date

4/21/10

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	Mauricio Pampillo	5201 Blue Lagoon Dr suite 916	Miami, FL 33166

500180413485
05/21/10--01039--006 **150.00

10. E-mail Address:

(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/10 (786) 619-4688