

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC -7 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000040520

1. Corporation Name

PUERTO AZUL CORPORATION

000188435730
12/07/10--01025--014 **1200.00

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

121 CRANDON BLVD.

3. Mailing Office Address

8120 SW 160 STREET

Suite, Apt. #, etc.

252

Suite, Apt. #, etc.

City & State

KEY BISCAIYNE, FL

City & State

PALMETTO BAY, FL

Zip

33149

Country

Zip

33157

Country

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09-14-2007

5. FEI Number
65-1280674

☐ 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 ALFREDO AGUILAR ALAVA

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

121 CRANDON BLVD.

Suite, Apt. #, Etc

252

City

KEY BISCAIYNE

State

FL

Zip Code

33149

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

REGISTERED AGENT MUST SIGN

Date

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
PRES	JOSE ALFREDO AGUILAR ALAVA	121 CRANDON BLVD. UNIT 252	KEY BISCAIYNE, FL 33149
VICEP	SUSANA MARLENE HINOJOSA DE AGUILAR	121 CRANDON BLVD. UNIT 252	KEY BISCAIYNE, FL 33149

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-1-2010