

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG -4 PM 12:48

DOCUMENT # P06000057777

1. Corporation Name

BAUTE INVESTMENTS, INC.

2. Principal Office Address - No P.O. Box #
20818 W. Dixie Hwy

3. Mailing Office Address
20818 W. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33180 US

Zip Country
33180 US

400184011704
08/04/10--01030--010 **1200.00
CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida 04/21/2006

5. FEI Number 26-0448839
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 George A. Minski

Street Address (P.O. Box Number is Not Acceptable)
20818 W. Dixie Hwy

Suite, Apt. #, Etc.

City Miami

State Zip Code
FL 33180

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

Date 7/28/2010

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
D	RODRIGUEZ, ANTONIO	20818 W. Dixie Hwy	Miami, FL 33180
D	RODRIGUEZ, MARIA K.	20818 W. Dixie Hwy	Miami, FL 33180
D	RODRIGUEZ, ANTONIO J.	20818 W. Dixie Hwy	Miami, FL 33180

REINSTATEMENT

08-10 TS 9/5/10

10. E-mail Address: gminski@minskilaw.com

(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:

Antonio Rodriguez

7/28/2010

305 905 3439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #