

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000100004

1. Corporation Name

Molinarts Corporation

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

314 Hammock Dunes Pl

Suite, Apt. #, etc.

3. Mailing Office Address

314 Hammock Dunes Pl

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32828

Country

US

Zip

32828

Country

US

400189098424

12/29/10--01033--013 **1058.75

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7/31/2006

5. FEI Number

205521956

☐ 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

Robert L Elbrecht

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

314 Hammock Dunes Place

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32828

REINSTATEMENT
2008

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

Robert L Elbrecht

Date 12/27/10

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
CEO	Antonio Molina	5023 W 120th Ave #220	Broomfield, CO 80020
CFO	Sandra Obando	5023 W 120th Ave #220	Broomfield, CO 80020
COO	Robert Elbrecht	314 Hammock Dunes Pl	Orlando, FL 32828
			S. HAWKES
			DEC 30 2010
			EXAMINER

10. E-mail Address: bobbe45@gmail.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:

Robert L Elbrecht

Robert Elbrecht

12/27/10

(407) 304-6067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #