

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 10 PM 4:09

DOCUMENT # P06000146526

1. Corporation Name

THE HURTADO CORPORATION

500159425555
08/10/09--01046--008 **450.00

KS

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

1401 VILLAGE BLVD.

Suite, Apt. #, etc.

APT. NO 115

City & State

WEST PALM BCH

Zip

33409-2761

Country

FLORIDA

3. Mailing Office Address

1401 VILLAGE BLVD.

Suite, Apt. #, etc.

APT. NO 115

City & State

WEST PALM BCH.

Zip

33409-2761

Country

FLORIDA

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

11-22-06

5. FEI Number

13-4353047

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

ADRIANA BRITO

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

1401 VILLAGE BLVD.

Suite, Apt. #, Etc.

APT. 115

City

WEST PALM BCH-

State

FL

Zip Code

33409

☒ 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.

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

X Adriana Brito

Date

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
<u>PRES.</u>	<u>SONIA HURTADO DE BRITO</u>	<u>1401 VILLAGE BLVD.</u>	<u>PALM BCH-FLORIDA 33409</u>
<u>VICE-PRES</u>	<u>MARIA MERIEDES HURTADO</u>	<u>1401 VILLAGE BLVD.</u>	<u>PALM BCH-FLORIDA 33409</u>

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:

Sonia de Brito

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

0414-4922073

Daytime Phone #