

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

DOCUMENT # P08000072428

10 JAN 12 AM 10:33

1. Corporation Name

ALCHEMIST SUCCESS GROUP, INC

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

1717 N. Bayshore Drive

Suite, Apt. #, etc.

0253

City & State

Miami FL

Zip

33132

Country

USA

3. Mailing Office Address

1717 N. Bayshore Drive

Suite, Apt. #, etc.

0253

City & State

Miami FL

Zip

33132

Country

USA

**REINSTATEMENT** (1/09) 2009

4. Date Incorporated or Qualified

To Do Business in Florida 08/01/2008

5. FEI Number

270892735

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 Gonzalez

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

1717 N. Bayshore Drive

Suite, Apt. #, Etc.

0253

City

Miami

State

FL

Zip Code

33132

☒ 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

REGISTERED AGENT MUST SIGN

Date

1/1/2010

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
CVO	SUYAPA RIVEREAU	1717 N. Bayshore Drive STE# 0253	Miami, FL 33132
COO	Adriana Gonzalez	1717 N. Bayshore Drive STE# 0253	Miami, FL 33132

10. E-mail Address: adriana376@yahoo.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 and 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:

Adriana Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/1/2010

Daytime Phone #

321-603-9120

KS