

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 JAN 26 AM 11:20

DOCUMENT # P10000049736

1. Corporation Name

NAVARRO FARMACIA, INC

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

430 NW 48 Ct.

Suite, Apt. #, etc.

City & State

MIAMI - FL

Zip

Country

3. Mailing Office Address

430 NW 48 Ct.

Suite, Apt. #, etc.

City & State

MIAMI - FL

Zip

Country

CR2E081 (11/10)

**4. Date Incorporated or Qualified
- To Do Business in Florida**

6/11/2010

5. FET Number

27-2822593

**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

Julio Navarro

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

430 NW 48 Ct.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

**900281415899
01/26/16--01011--009 **900.00**

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date **1/11/2016**

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
P	Julio Navarro	430 NW 48 Ct.	MIAMI - FL 33126
SEC	Adriana Navarro	430 NW 48 Ct.	MIAMI - FL 33126
RA	Julio Navarro	430 NW 48 Ct.	MIAMI - FL 33126

10. E-mail Address: **magyna1231@aol.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2016 (305) 799-0966

Date

Daytime Phone #