


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 MAY 18 PM 12:26

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P130000097603

1. Corporation Name

SEVENTY SEVEN RE INC

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

3402 NE 171 ST.

Suite, Apt. #, etc

—

3. Mailing Office Address

3402 NE 171 ST.

Suite, Apt. #, etc

—

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

7. Name and Address of Current Registered Agent

Name

SILVIO M. CAPRINO

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

3901 S. OCEAN DR.

Suite, Apt. #, Etc

SUITE 11 H

City

HOLLYWOOD

State

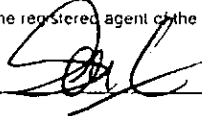
FL

Zip Code

33019

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 05/14/2018

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
P	SILVIO M. CAPRINO	3901 S. OCEAN DR. SUITE 11 H	HOLLYWOOD, FL, 33019
V	RICARDO A. WALAS	3402 NE 171 ST	NORTH MIAMI BEACH, FL, 33160
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—	—	—	—
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10. E-mail Address: 77partners@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., 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:



SILVIO M. CAPRINO

05/14/2018

(909) 560-9324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

100313671381

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CR25081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

12/06/2013

5. FEI Number

40-4259867

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status