

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15000057777

1. Corporation Name

SUCULENTOS MIAMI INCORPORATED

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

14256 SW 8 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33184

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida
06-26-2015

5. FEI Number

47-4747632

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
RE INSTATEMENT

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAMS K. URBINA

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

8833 NW 107 COURT

Suite, Apt. #, Etc.

APT 205

City

MIAMI

State

FL

Zip Code

33178

900285606489
05/09/16--01044--019 **750.00

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

REGISTERED AGENT MUST SIGN

Date 04-27-16

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	WILLIAMS K. URBINA	8833 NW 107 COURT	MIAMI FL 33178
VP	HELIANA M. MOLINA	14256 SW 8 STREET	MIAMI FL 33184

10. E-mail Address: **SUCULENTOS.CORP@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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/16

Date

Daytime Phone #