

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN - 3 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P92000000090

1. Corporation Name

RENE NAVARRO P.A.

2. Principal Office Address

2929 SW 3RD AVE

Suite, Apt. #, etc.

210

City & State

MIAMI, FL

Zip

33129

Country

USA

3. Mailing Office Address

2929 SW 3RD AVE

Suite, Apt. #, etc.

210

City & State

MIAMI, FL.

Zip

33129

Country

USA

100037798151
06/09/04--01029--025 **900.00

REINSTATEMENT 99-04

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/92

5. FBI Number

65-0365585

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

RENE NAVARRO

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

2929 SW 3RD AVE

Suite, Apt. #, Etc.

NO. 210

City

MIAMI,

State

FL

Zip Code

33129

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 5/27/04

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 |
|--------|--------------------------------------|---|--------------------|
| PST | RENE NAVARRO | 2929 SW 3RD AVE #210 | MIAMI, FL. 33129 |
| | | | |
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| | | | |
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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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/04 (305) 860-539

Date

Daytime Phone #

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT TO PAY THE ANNUAL FEE SINCE THE YEAR OF 1999. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



RENE NAVARRO P.A.
PRESIDENT