APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 AUG -4 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000001423

1. Corporation Name

Kasalta Private Club, Inc

Principal Place of Business	Mailing Address
1755 N.W. 5 st	1755 N.W. 5 st.
Miami Florida 33125	Miami Florida 33125

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 91-99

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01-08-93

5. FEI Number: 65-0505430 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Prest	Raimundo Aldao	2988 S.W. 3 st	Miami Florida 33135
Vp.S.T	Raimundo Aldao	2988 S.W. 3 St.	Miami Florida 33135

000002956230--3
-08/10/99--01077--019
***1058.75 ***1058.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name: Raimundo Aldao
	Street Address (P.O. Box Number is Not Acceptable): 2988 S.W. 3 St.
	Suite, Apt. #, Etc.
	City: Miami / State: FL / Zip Code: 33135

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Raimundo aldao — Date: 07-25-99

REGISTERED AGENT MUST SIGN

8-4-99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Raimundo aldao — 03-25-99 — 305-643-2248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PERSON OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/96)