

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JAN 11 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000010392

1. Corporation Name
ALBERT FONTELA, INC.

Principal Place of Business
8825 S.W. 100th St.
Miami, FL 33176

Mailing Address
8825 S.W. 100th St.
Miami, FL 33176

REINSTATEMENT

94-99

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

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 | | 2/10/93 | |
| 5. FEI Number | | Applied For | |
| 65-0398157 | | Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | | \$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 |
|------------|-------------------------------------|---|---|
| PD | Alberto J. Fontela | 8825 S.W. 100th St. | Miami, FL 33176 |
| | | | 400002743544--1 -01/15/99--01030--030 ***725.00 ***725.00 |
| | | | 400002743544--1 -01/15/99--01030--031 ***783.75 ***783.75 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Antonio R. Menendez
150 W. Flagler St.
Museum Tower, Suite 2200
Miami, FL 33130

| | |
|---|-------------|
| Name Alberto J. Fontela | |
| Street Address (P.O. Box Number is Not Acceptable) 8825 S.W. 100th St. | |
| Suite, Apt. #, Etc. | |
| City Miami | State FL |
| Zip Code 33176 | |

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: Alberto J. Fontela Date: 12/22/98
REGISTERED AGENT MUST SIGN

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.)

12. 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: Alberto J. Fontela Date: 12/22/98 Daytime Phone #: 305-638-4741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE040 (12/95)