

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR -5 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000069325**

1. Corporation Name

FINA WEST 49TH STREET, INC.

2. Principal Office Address

1365 WEST 49TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33012

Country

3. Mailing Office Address

2990 N.W. 24TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33142

Country

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/06/93

SP

5. FEI Number

65-0442902

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

LESLIE ALAN ROZENCWAIG, P.A.

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

SUNTRUST INTERNATIONAL CENTER - ONE SOUTHEAST THIRD AVENUE

Suite, Apt. #, Etc.

960

City

MIAMI

State
FL

Zip Code

33131

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 of Leslie Alan Rozencwaig]

REGISTERED AGENT MUST SIGN

Date **3/31/01**

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	RODOLFO SANCHEZ	1365 WEST 49TH STREET	MIAMI, FL 33012
S	SONIA FERNANDEZ	3601 WEST 12TH STREET	MIAMI, FL 33012

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 of Sonia Fernandez]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-30-01

Daytime Phone #

(305) 634-6865

CR2E081 (9/00)