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APPROVED  
AND  
FILED

Secretary of State  
U.S. Department of State

01 MAR 27 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[illegible]

Mailing Address

2357 N.W. 7TH STREET #4  
MIAMI FL 33125

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip	Country	Zip	Country
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4. Date Incorporated or Qualified To Do Business in Florida

10/12/1993

-5=EEI Number

65-0444155

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	VELAZQUEZ, RAFAEL RAMON	2357 N.W. 7TH STREET #4	MIAMI FL 33125

100003932331--5

-03/30/01--01093--025

\*\*\*\*300.00 \*\*\*\*300.00

**8. Name and Address of Current Registered Agent**

**9. Name and Address of New Registered Agent**

VELAZQUEZ, RAFAEL RAMON  
2357 N.W. 7TH STREET #4  
MIAMI FL 33125

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 5/17/01

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., 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_