



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

1. Corporation Name

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida

02/02/1994

5. FEI Number

65-0463789

Applied For	
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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	4 City / State / Zip
D	RODRIGUEZ, J.R.	9485 SUNSET DRIVE, SUITE A-101	MIAMI FL 33173
			<div> <div>200004733292--7</div> <div>-12/13/01--01067--008</div> <div>7500000.00 ****750.00</div> </div>
			<div> <div>200004733292--7</div> <div>-12/13/01--01067--008</div> <div>****750.00 ****750.00</div> </div>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BIANCO, P.A.
6100 S.W. 114TH AVE.
MIAMI FL 33173

Name
David K. Fields, CPA
Street Address (P.O. Box Number is Not Acceptable)
9360 Sunset Drive
Suite, Apt. #, Etc.
Suite #287
City
Miami

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

REGISTERED AGENT MUST SIGN

Date _____

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:

~~J.R. RODRIGUEZ~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

305.) 595-8900
Daytime Phone #