PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
96 DEC 17 PM 3:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P94000027033

Century System, Inc.
P.O. Box 52-0995
Miami, FL 33152-0995

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

REINSTATEMENT 96000

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: 04/08/94

5. FEI Number: 65-0527671

FEI Number Applied For ☐
FEI Number Not Applicable ☐

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

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
P/D	Zoraida Moreira	4450 E. 8 Lane	Hialeah, FL 33013
VP/D	Jose Moreira	4450 E. 8 Lane	Hialeah, FL 33013
			600002032116--6 -12/18/96--01028--004 ****375.00 ****375.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Amanda Cantera Lopez
1040 SW First Street
Miami FL 33130

9. If changed, new registered agent / office

Name: Jose Moreira
Street Address (Do NOT Use P.O. Box Number): 4450 E-8 Lane
Street Address (Do NOT Use P.O. Box Number):
City: Hialeah State: FL. Zip: 33013

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 12/12/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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 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 of Officer or Director _____ Date 12/12/96 Daytime Phone # 305 366 8668

Typed or printed name of signing officer or director Jose Moreira

CR2E040 (6/93)