

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000030426

1. Corporation Name

ACAJUTLA PROPERTIES, INC.
8933 S.W. 123rd COURT, APT. 203
MIAMI, FL 33186

Mailing Address

Principal Place of Business

8933 S.W. 123rd COURT, APT. 203
MIAMI, FL 33186
8933 S.W. 123rd COURT
APT. 203
MIAMI, FL 33186

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

2. New Mailing Address, If Applicable

3. New Principal Office 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

04/21/1994

5. FEI Number

65-0988111

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-00

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
D	CARBONELL, ALFONSO E.	8933 S.W. 123rd COURT, #203	MIAMI, FL 33186
			100003280631--6 -05/08/00--01003--011 ****900.00 ****900.00
			100003280631--6 -06/08/00--01003--012 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

BEFELER, GEORGE
100 S.E. 2nd STREET
SUITE 3700
MIAMI, FL 33131

9. Name and Address of New Registered Agent

Name

BEFELER, GEORGE

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

701 BRICKELL AVENUE, SUITE 2000

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33131

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

Date

7/29/99

REGISTERED AGENT MUST SIGN

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.)

13. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFONSO E. CARBONELL, Director 7/29/99

Date

Daytime Phone #