

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN -3 PM 3:36

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of StateSECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: DOCUMENT # P94000035417

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

Address

848 Brickell Avenue, Suite 830

City and State

Zip Code

Miami, Florida

33131

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

Address

REINSTATEMENT

Zip Code

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

FEI Number Applied For

6. ☒ ~~REINSTATEMENT~~

May 11, 1994

APPLIED FOR

FEI Number Not Applicable

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
D	Angel, Moyano	848 Brickell Ave, Suite 830	Miami, Florida 33131

800003096968-3
-01/13/00--01007--022
***1500.00 ***1500.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Robert L. Trescott
201 Alhambra Circle
Suite 711
Coral Gables, Florida 33134

9. If changed, new registered agent / office

Name

Miguel A. Martin, Esq.

Street Address (Do NOT Use P.O. Box Number)

848 Brickell Avenue, Suite 830

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

Miami

FL.

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

REGISTERED AGENT MUST SIGN

Date

12/27/99

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 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 this reinstatement application on the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that 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

Daytime Phone #

Typed or printed name of signing officer or director

Angel Moyano

12/27/99

(305) 3744422