

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 APR 12 PM 2:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # P94000049537																																	
1. Corporation Name BIENVENUE/DADE, INC.																																	
2. Principal Office Address 1717 W 24 ST Subs. Apt. #, etc.		3. Mailing Office Address 9500 S DADELAND BLVD Subs. Apt. #, etc. #508		4. Date Incorporated or Qualified To Do Business in Florida 07-01-1994																													
City & State MIAMI BEACH		City & State MIAMI, FL		5. FEI Number 65-0504357																													
Zip 33140		Country		6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent Name RAFAEL E RODRIGUEZ, JR., CPA, CVA Street Address (P.O. Box Number is Not Acceptable) 9500 S DADELAND BLVD Subs. Apt. #, Etc. #508 City MIAMI		State FL		Zip Code 33156																													
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S. Signature of Registered Agent:  REGISTERED AGENT MUST SIGN Date: 4-9-04																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PD</td> <td>FRANKLIN BROEREN</td> <td>1717 W 24 ST</td> <td>MIAMI BEACH, FL 33140</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PD	FRANKLIN BROEREN	1717 W 24 ST	MIAMI BEACH, FL 33140																				
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10. 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(2)(b), 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 AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date: 4-9-04 305.670 0000 Daytime Phone #																																	

CLASS 10/04

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

BIENVENUE/DADE, INC.

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