1							DO NOT WRITE IN THIS SPACE						
APPLICATION FLORID			A DEPARTMENT OF STATE				DO NC	C TABLICE IN THE	JOPA	·· E			
FOR			Jim Smith										
REINSTATEMENT			Secretary of State			FILED						}	
<	Read Instructions on Otl	aking Entries			00 DEC 15 PM 2: 20								
	Make Check Payable					SECRETARY OF STATE							
	and Mailing Address of Corporation: Do	# P94000065909			2. If Address in Abdk Alisting reet in any pay Anter the correlatoress below. The NAME of the corporation can be changed or by filling an amendment.						ct lly		
	E. 7th Avenue				-	Add							
Tampa	a, FL 33605					Address 3317 L	a§alle	د					
	,				-	Address	aba I I			··-		ᅱ	
						City and State						_	
					Tampa, FL								
					Zip Code						\dashv		
3 Date In	corporated or Qualified	4. FEI Numt			1	33607	1.5		_				
To Do	Business in Florida		-			umber Applied Fo	-			ional.Fee			
	3/1994 and Street Addresses of Each Officer and	59-3267	771		FEIN	umber Not Applic	cable C	ERTIFICATE C	OF ST	ATUS DE	SIRED		
	Name of Officers	Street Address of Each						—			4		
Title	and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box N			mbers)	4	City a	and St	tate	_			
D	CASTILLO, DANIEL		3317 LaSalle				Tan	npa, FL					
D	CASTILLO, SERGIO		3317 LaSalle				Tan	īpa, FL					
D Tr	CASTILLO, FRANCES		3317 LaSalle				Tampa, FL						
_							a=11=11	10351	1 .4		1		
								12/27/00 ****750.	<u>}()</u>	11064-			
					1	REINS	TAT	EMEN	T	Q			
-	REGISTERED AGENT IN	FORMATION			8. Na	me and Address of	of New Re	gistered Agent	and/o				
	7. Name and Address of Current	Registered Agent		Name	niol	Castillo				5	P		
Casti	llo, Daniel L.	· · · · · · · · · · · · · · · · · · ·	Street Addre	ess:(Do	NOT-Use P.O. Bo	ox Number):				CR2E040 (8/92)		
	North Blvd.	3317 I								_			
Tampa	, FL 33603		Street Addre	ess (Do I	NOT Use P.O. Bo	ox Number)				S		
				City and Sta	te					Zip		7	
9. I. being	appointed the registres agent of the above	ve named cornors	tion am familiar with		npa,		207 0505 5	FL	<u>L</u>	3360	7 	-	
Signature o	1/1 / 2/1	7. //	mon, am familiar with	and accept in	e obliga	tions of Section o	or.0505, r						
Registered	Agent X A Cas	GISTERED AGE	ENT MUST SIGN				Date	12-13-	00	· 			
10. If t l	nis corporation is a non-p	rofit with I.	R.S. 501(c)(3) tax ex	empt	status, ch	eck th	is box	a		er side for nformation.	}	
11. Do De	es this corporation pay a pt. of Revenue under S.	ny intangi 199.032,	ble tax to the Florida Statu	e ıtes. Ye	es 🗀] No □		(See other si on inta			on		
แทรายก	that I am an officer or director or the recu estatement application the reason for dis- red by the corporation have been paid. I ath	courron nas been	eliminated the corn	iniate name ca	stictioe t	ne requirements a	of coction	607 0404 ~~ 64	17 040	14 E.C	2004 1004 011	- 1	
Signature of Officer or Di		tell		nte /2-13-				1813)					
								-				1	

yped or printed name of signing officer or director _____Daniel_Castillo