

**APPLICATION
FOR
REINSTATEMENT**



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Principal Place of Business

Mailing Address

9019 SW 112 PLACE
MIAMI FL 33176
US

9019 SW 112 PLACE
MIAMI FL 33176
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1277 TERRY STONE COURT
Suite, Apt. #, etc.

1277 TERRYSTONE COURT
Suite, Apt. #, etc.

City & State
WESTON, FL.

City & State
WESTON, FL.

Zip	Country
33326	U.S.A.

Zip	Country
33326	U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

10/24/1994

5. FEI Number

Applied For

65-0623623

Not Applicable

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

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	4 City / State / Zip
P	AVELLAN, TOMAS	181 E. BAYRIDGE DR NEW ADDRESS: 1277 TERRYSTONE CT.	WESTON FL 33326
V	AVELLAN, MARCOS	9019 SW 112 PLACE NEW ADDRESS: 1277 TERRYSTONE CT.	MIAMI FL 33176 WESTON, FL. 33326
			400005169004--4 -03/26/02--01039--024 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AVELLAN, LILIANA V
201 ALHAMBRA CIRCLE
SUITE 500
COTAL GABLES FL 33134

Name

LILIANA V. AVELLAN

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

1277 TERRYSTONE CT.

Suite, Apt. #, Etc.

City WESTON

- State
EI

Zip Code	33326
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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 03/06/02

REGISTERED AGENT MUST SIGN

11. 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(3)(i), 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:

03/06/02 (954) 217-9798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E040 (8/01)