FEB-19-98 THU 12:14 PM FAX NO. P. 01

Audit No.: H98000003377

APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1998 FEB 19 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000089291

1. Corporation Name

ALAMILLA AND ASSOCIATES, INC.

Mailing Address	Principal Place of Business
100 N. Biscayne Blvd. Suite 2901 Miami, FL 33132	100 N. Biscayne Blvd. Suite 2901 Miami, FL 33132

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
1825 Ponce de Leon #214	1825 Ponce de Leon #214
Suite, Apt. #, etc. 214	Suite, Apt. #, etc. 214
City & State Coral Gables, Fla	City & State Coral Gables, Fla.
Zip 33145 Country USA	Zip 33145 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/09/1994

5. FEI Number: 65-0546031 — Applied For ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Carlos Alamilla	100 N. Biscayne Blvd., Suite	2901 Miami, FL 33132
TR	Amador Fernandez	849 SW 9th St #107	Miami, Fla.
VP	Claudia Gonzalez	3135 SW 98 Ct	Miami, Fla.
		REINSTATEMENT	'97-'98
			SCC 2-19-98

8. Name and Address of Current Registered Agent

MARIO A. CAMPS
1900 Meridian Avenue, #506
Miami Beach, FL 33139

9. Name and Address of New Registered Agent

Name: CARLOS ALAMILLA
Street Address (P.O. Box Number is Not Acceptable): 1825 Ponce de Leon Blvd #214
Suite, Apt. #, etc.: 214
City: Coral Gables State: FL Zip Code: 33145

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: Carlos Alamilla — REGISTERED AGENT MUST SIGN — Date: 2-13-98

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: Carlos Alamilla — Carlos Alamilla, Director — 2/13/98 — (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Audit No.: H98000003377

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(2)

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2/19/98
10:49 AM

PUBLIC ACCESS SYSTEM
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(((H98000003377 2)))

TO: DIVISION OF CORPORATIONS FAX #:
(850)922-4000

FROM: RASCO & REININGER ACCT#:
104076000124
CONTACT: CARLOS A GATO
PHONE: (305)261-0500 FAX #:
(305)267-1787

NAME: ALAMILLA AND ASSOCIATES, INC.
AUDIT NUMBER.....H98000003377
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..0 PAGES..... 1
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EST.CHARGE.. $915.00

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** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

Document prepared by: Mercedes M. Sellek, Esq.
5200 Blue Lagoon Drive, Suite 700
Miami, Florida 33126
(305) 261-0500
Bar No.: 0961930

98 FEB 29 AM 11:33
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DIVISION OF CORPORATIONS

Should Be

Adm. 750.00
AR 61.25
ARSupp 88.75
900.00

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 2/20/98                DEPOSITS/PAYMENTS DETAIL SCREEN                  9:25 AM
DEPOSIT NUMBER  : 01/20/98 01011 001        DEPOSIT TYPE    : COR
ACCOUNT NUMBER  : 104076000124              DEPOSIT AMOUNT  :      1,000.00
USER ID         : KSHANK                    DEPOSIT BALANCE:          0.00
DEBIT MEMO DATE:                            VOID DATE       :
TRACKING NUMBER: H98000003377               DOCUMENT NUMBER: P94000089291
REQUESTOR       : CORAPREIN                 LEDGER DATE     : 02/19/98
SUB ACCT NUMBER:

          CATEGORY        DESCRIPTION                          AMOUNT
          ADM             ADMINISTRATIVE FEES                   50.00



+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS, 5. NOTES

ENTER SELECTION AND CR:
 2/20/98                DEPOSITS/PAYMENTS DETAIL SCREEN                  9:25 AM
DEPOSIT NUMBER  : 02/09/98 01046 002        DEPOSIT TYPE    : COR
ACCOUNT NUMBER  : 104076000124              DEPOSIT AMOUNT  :      1,000.00
USER ID         : KSHANK                    DEPOSIT BALANCE:        300.00
DEBIT MEMO DATE:                            VOID DATE       :
TRACKING NUMBER: H98000003377               DOCUMENT NUMBER: P94000089291
REQUESTOR       : CORADOMP                  LEDGER DATE     : 02/19/98
SUB ACCT NUMBER:

          CATEGORY        DESCRIPTION                          AMOUNT
          ADM             ADMINISTRATIVE FEES                  700.00
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