


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT

Division of Corporations

DOCUMENT # 0950000067436

1. Corporation Name
CABALLERO-VILA Enterprises Corp.

2. Principal Office Address
7635 SW 93rd Place
Suite, Apt. #, etc. N/A
City & State Miami, Florida
Zip 33173 Country MIAMI-DADE

3. Mailing Office Address
7635 SW 93rd Place
Suite, Apt. #, etc. N/A
City & State MIAMI, Florida
Zip 33173 Country MIAMI-DADE

FILED
01 MAY 25 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida January 1995

5. FEI Number 65-0577807 ☐ Applied For ☒ Not Applicable

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

7. Name and Address of Current Registered Agent

Name FERNANDO CABALLERO

Street Address (P.O. Box Number is Not Acceptable) 7635 SW 93rd Place

Suite, Apt. #, Etc.

City MIAMI

State FL Zip Code 33173

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-07/17/01-01081-016
****308.75 ****308.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Fernando Caballero Date April 30, 2001

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	FERNANDO CABALLERO	7635 SW 93rd Place	Miami, Fla, 33173.
V/S	MARIA TERESA CABALLERO	7635 SW 93rd Place	Miami, Fla. 33173.

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(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: Fernando Caballero (FERNANDO CABALLERO) Date April 30, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 305-412-5454
305-790-0268

CR2E081 (9/00)