

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 21 AM 8:47

DOCUMENT # P95000009246

1. Corporation Name :

ALBERNI GROUP INC.

2. Principal Office Address

4649 POACE DE LEON BLVD

Suite, Apt. #, etc.

404

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

3. Mailing Office Address

PO BOX 997180

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33299

Country

USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

2/3/95

5. FEI Number

650559819

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

JOSE G. ALBERNI

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

430 GRAND BAY DR

Suite, Apt. #, Etc.

306

City

KEY BISCAYNE

State

FL

Zip Code

33149

500047508605

03/01/05--01052--015 **1050.00

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

REGISTERED AGENT MUST SIGN

Date

2/16/05

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, S	JOSE G ALBERNI	430 GRAND BAY DR #306	KEY BISCAYNE FL 33149
T	ILEANA T. ALBERNI	430 GRAND BAY DR #306	KEY BISCAYNE FL 33149

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)(f), 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 SIGNING OFFICER OR DIRECTOR

JOSE ALBERNI

Date

2/16/05

Daytime Phone #

3052188881

CR2E081 (01/05)