



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

Principal Place of Business

Mailing Address

7951 SW 40th ST
SUITE 206
MIAMI FL 33155

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

7987 SW 407 St
Suite, Apt. #, etc.
206

Suite, Apt. #, etc.
Suite 206

City & State MIAMI FL

City & State Miami FL

Zip	Country
33155	✓ S

Zip	33155	Country	US
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4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

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)

[illegible]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHN M. MAC DANIEL
ONE BISLAYNE TOWER, SUITE 2975
TWO SOUTH BISLAYNE BLVD
MIAMI FL 33131

Name OSWALDO J DIAZ
Street Address (P.O. Box Number is Not Acceptable)
7951 SW 40A ST
Suite, Apt. #, Etc. SUITE 206
City MIAMI FL

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

REGISTERED AGENT MUST SIGN

Date 1/27/58

11. 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.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E040 (12/96)