

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY -5 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000046630**

1. Corporation Name

CENTRAL CITY MANAGEMENT CORP
2414 SW 8 STREET
MIAMI FLORIDA

2. Principal Office Address

2414 SW 8 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33135

Country

USA

3. Mailing Office Address

2414 SW 8 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33135

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

06-15-95

5. FEI Number

65-0632955

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

ARAZOZA, COMAS, DE TORRES & FERNANDEZ

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

2100 SALZEDO ST.

200003296752-1

Suite, Apt. #, Etc.

ST. 300

06/20/00 01038-015
*****900.00 ***900.00**

City

CORAL GABLES

State

FL

Zip Code

33134

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

Date **5/2/2000**

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	CARLOS GRANDE	1037 ALFONSO AVE	CORAL GABLES, FL 33146
VP	MANUEL GRANDE	2720 SW 129 AVE	MIAMI, FL 33175
S	ANA LATOUR GRANDE	1037 ALFONSO AVE	CORAL GABLES, FL 33146
T	FRANK GRANDE	2414 SW 8 ST	MIAMI, FL 33135

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:

CARLOS GRANDE

04-27-2000

Date

Daytime Phone #

(305) 642-4621

KE

CR2E081 (9/99)