

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 # **P95000046030**

1. Corporation Name
CENTRAL CITY MANAGEMENT CORP
2414 SW 8 STREET
MIAMI FLORIDA

2. Principal Office Address
2414 SW 8 ST

3. Mailing Office Address
2414 SW 8 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI, FL

Zip **33135** Country **USA**

Zip **33135** Country **USA**

REINSTATEMENT **09180**

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	2120 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** Date **04-27-2000** Daytime Phone # **(305) 642-4621**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)