

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10/2
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAY 23 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000054721

1. Corporation Name

INSTAVEND, INC.

2. Principal Office Address

9378 SW 156 PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 960668

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33196

Country

Zip

33296

Country

REINSTATEMENT

CR2E081 (12/05)

04-06 RSC

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/1995

5. FFL Number

65-0610947

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

JUAN CARLOS SANTOS

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

9378 SW 156 PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

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

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/D	JUAN CARLOS SANTOS	9378 SW 156 PLACE	MIAMI, FL 33196
V/D	DENIA SANTOS	9378 SW 156 PLACE	MIAMI, FL 33196

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 contained in Chapter 119, 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 #

202

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT I NEVER RECEIVED THE 2004, 2005 & 2006 ANNUAL REPORT NOTICE FROM YOUR OFFICE TO PAY THE ANNUAL FEES. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DONT HESITATE TO CONTACT ME.

CORDIALLY,



JUAN CARLOS SANTOS
PRESIDENT