

**CORPORATION  
REINSTATEMENT**



FILED

07 AUG -2 PM 1:17

SECRET  
TALLAHASSEE, FLORIDA

**1. Corporation Name**

**2. Principal Office Address - No P.O. Box #**

### 3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip **33029**

Country  
USA

Zip  
**33261-0306**

Country  
USA

11/13/1995

5 FBI Number  
65-0661218

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75 Additional Fee required for a Certificate of Status**

Name **FERNANDO LAREZ**

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

902 SW 178 WAY

Suite, Apt. #, Etc.

**CITY**  
**PEMBROKE PINES**

State

FI

Zip Code  
33029

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 **7/30/07**

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/MD   | ELIZABETH GONZALEZ                | 902 SW 178 WAY                                 | PEMBROKE PINES, FL 33029 |
| DIR    | FERNANDO LAREZ                    | 902 SW 178 WAY                                 | PEMBROKE PINES, FL 33029 |
|        |                                   |  |                          |
|        |                                   |  |                          |
|        |                                   |  |                          |
| RH     | REINSTATEMENT                     | 08-07  |                          |
|        |                                   |  |                          |

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:**

FERNANDO LAREZ DIR.

7/30/07  
Date

786-326-2569  
Daytime Phone #