PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 96-00

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

FILED
00 APR -7 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000000507

1. Corporation Name
A NEW REFLECTION INC.
8202 NW MIAMI CT K 723
MIAMI,FL 33150

REINSTATEMENT 96-00

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 12-26-95

5. FEI Number 65-0643024 ☐ Applied For ☐ Not Applicable

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

SP

7. Name and Address of Current Registered Agent

Name
CARLOS VENTURA
Street Address (P.O. Box Number is Not Acceptable)
8202 NW MIAMI CT
Suite, Apt. #, Etc.
K 723
City
MIAMI, FL
State FL
Zip Code 33150

8. I, being appointed the registered agent of the above named corporation, hereby agree to comply with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Carlos J Ventura
REGISTERED AGENT MUST SIGN
Date 4-5-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CARLOS VENTURA	8202 NW. MIAMI CT. K 723	MIAMI,FL. 33150

10. I certify that I am an officer or director of the reorganized corporation 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or 617, F.S. I further certify that when filing this reinstatement application, the petition for dissolution has been withdrawn, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of officers 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 J Ventura 4-5-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H00000015707 3

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

A NEW REFLECTION INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,358.75

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