CORPORATION REINSTATEMENT

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

FILED

01 OCT -5 AM 11: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000018706

1. Corporation Name

3338 Virginia Street Corp.

2. Principal Office Address	**3.** Mailing Office Address	
3342 Virginia Street	3342 Virginia Street	
Suite, Apt. #, etc. #207	Suite, Apt. #, etc. #207	**4.** Date Incorporated or Qualified To Do Business in Florida
City & State Miami, Florida	City & State Miami, Florida	**5.** FEI Number 65-0709019 / Applied For / Not Applicable
Zip 33133 / Country USA	Zip 33133 / Country USA	**6.** CERTIFICATE OF STATUS DESIRED ☐ / $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Lizette Nunez

Street Address (P.O. Box Number is Not Acceptable): 3342 Virginia Street

Suite, Apt. #, Etc.: #207

City: Miami State: FL Zip Code: 33131

10000462730 1 --6
-10/08/01--01077--010
****750.00 ****750.00

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 9-4-01

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,D	Lizette Nunez	8505 SW 119th St.	Miami, Florida 33156

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: _____ , Lizette Nunez   9-4-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (9/00)

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. 3338 Virginia Street Corp P96-18706
   _____
   (Corporation Name)   (Document #)

2. _____
   (Corporation Name)   (Document #)

3. _____
   (Corporation Name)   (Document #)

4. _____
   (Corporation Name)   (Document #)

☑ Walk in   ☐ Pick up time _____   ☐ Certified Copy

☐ Mail out   ☐ Will wait   ☐ Photocopy   ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

☒ Annual Report
☐ Fictitious Name

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials