

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000044965

1. Corporation Name

ALDAO CORPORATION

Principal Place of Business

2865 NW 7 ST.
MIAMI FL 33125

Mailing Address

2865 NW 7 ST.
MIAMI FL 33125

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1996

5. FEI Number

65-0366188

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ XX

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	ALDAO, RAIMUNDO	2865 NW 7 ST.	MIAMI FL 33125
V	VILLAR, AIDA	3410 SW 91 AVE	MIAMI FL 33185 Delete

108889241581
11/27/02--01074--012 **750.00

~~108889241581~~
~~11/27/02--01074--012 **750.00~~

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~VILLAR, AIDA~~
~~3410 SW 91 AVE~~
~~MIAMI FL 33185~~

Name

Raimundo Aldao

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

2865 N. W. 7th Street

Suite, Apt. #, Etc.

Miami, Florida 33125

City

Miami

State

FL

Zip Code

33125

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Raimundo aldoo

Signature of
Registered Agent

RAIMUNDO ALDAO SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date November 19, 2002

11. 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:

Raimundo Aldao

RAIMUNDO ALDAO, President

November 20/02 305-642-6206

Date

Daytime Phone #

CR2040 (8/02)