

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P96000071999**

1. Corporation Name **CONTINUARE-AVENTURA, INC.**

2. Principal Office Address

80 S.W. 8TH ST.

Suite, Apt. #, etc.

2350

City & State

MIAMI, FL

Zip

33130

Country

USA

3. Mailing Office Address

80 S.W. 8TH ST.

Suite, Apt. #, etc.

2350

City & State

MIAMI, FL

Zip

33130

Country

USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

8/26/96

5. FEI Number

65-0691685

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

UCC FILING & SEARCH SERVICES, INC.

000003103920-9

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

526 EAST PARK AVE.

01/20/00-01026-006

*****900.00 ***900.00**

Suite, Apt. #, Etc.

200

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Ed Nand

Date **1/13/2000**

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/T/S	SPENCER J. ANGEL	80 SW 8TH ST., SUITE 2350	MIAMI, FL 33130
VP	GUILLERMO SALAZAR	80 SW 8TH ST., SUITE 2350	MIAMI, FL 33130

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:

Spencer J. Angel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/00 (305) 350-7515

Daytime Phone #

KE