



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

3. Mailing Office Address

Suite, Apt. #, etc.:

City & State

Country

Country

4. Date Incorporated or Qualified To Do Business in Florida 01/01/2010

Applied For	
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65-0713522

Not Applicable.

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required
for a Certificate of Status**

Name _____

Name Alan M. Glaser, P.A.

500003169535--1
-03/14/00--01108--013
****900.00 ****900.00

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

Street Address (P.O. Box Number is Not Acceptable)
11900 Biscayne Blvd. #807
Suite Apt. # 807

Suite, Apt. #, Etc.

City

City Miami Beach

State

Zip Code

State
FL

Zip Code 33181

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

Alm M. Flare

Date _____

2/28/2000

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	Eduardo Gaguine	2035 Brickell Ave #301	Miami, Fla 33139
VP	Ernesto Soler	18907 NW 7 Lane	Miami, Fla 33182
P/S	Hermon Van den Broek	60 W Dilido Drive	M Bch, Fla 33139

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:

Theresa Van den Broek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E081 (9/99)