

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97 0000 125 92**

1. Corporation Name

nueve Soles Inc

2. Principal Office Address

520 Brickell Key Drive

Suite, Apt. #, etc.

ste 0-305

City & State

Miami FL

Zip

33131

Country

USA

3. Mailing Office Address

520 Brickell Key Drive

Suite, Apt. #, etc.

ste 0-305

City & State

Miami FL

Zip

33131

Country

USA

REINSTATEMENT

B-24

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-0732 360

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

Freeman, Butlerman, Haber, Rojas & Stanham LLC

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

520 Brickell Key Drive

Suite, Apt. #, Etc.

ste 0-305

City

Miami

State

FL

Zip Code

33131

500034820105

04/30/04--01020--023 *90.00**

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

REGISTERED AGENT MUST SIGN

Date

4/6/04

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
AS	Freeman, Stephen A.	520 Brickell Key Dr. #305	Miami, FL 33131
PD	Fabbri, Paul Louis	520 Brickell Key Dr. #305	Miami, FL 33131

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:

Giorgio Fabbri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/04 305 3743800

Daytime Phone #

CR2E081 (01/04)