

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 13 PH 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000025302

1. Corporation Name
MANUEL FELIPE & ASSOCIATES, INC.

2. Principal Office Address
9525 SW 15 ST.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip 33174

Country USA

3. Mailing Office Address
9525 SW 15 ST.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip 33174

Country USA

REINSTATEMENT 02

400008972784
11/13/02--01063--029 **750.00

**4. Date Incorporated or Qualified
To Do Business in Florida** 3/20/97

5. FEI Number 65-0747933

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
MANUEL FELIPE

Street Address (P.O. Box Number is Not Acceptable)
9525 SW 15 ST.

Suite, Apt. #, Etc.

City
MIAMI

State FL
Zip Code 33174

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/7/02

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
PRES.	MANUEL FELIPE	9525 SW 15 ST.	MIAMI, FLORIDA 33174
V.P.	YOLANDA SCHAEFER	11205 SW 134 TERR.	MIAMI, FLORIDA 33176

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:

[Signature] Manuel Felipe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/7/02

Daytime Phone # 305-223-2242

CR2E081 (9/01)