

THIS FORM  
AND  
FILED

918 AR

**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATION

### 1. Corporation Name

98 DEC 24 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing Address

16133 N.W. 14TH CT.  
PEMBROKE PINES FL 33028

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/10/1997

Suite, Apt. #, etc.

1626  
City & State

5. FEI Number

|             |  |
|-------------|--|
| Applied For |  |
|-------------|--|

65-0747707

Not Applicable

|        |         |
|--------|---------|
| Zip    | Country |
| 33 028 | U.S.-A. |

|       |         |
|-------|---------|
| Zip   | Country |
| 33028 | U.S.A   |

6. CERTIFICATE OF STATUS DESIRED ☒

**\$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)<br>1 | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | City / State / Zip  |
|---------------|--------------------------------------|---|---|
| D             | FRANCO VIERA, ARYS                   | 16133 N.W. 14TH CT.<br><i>1602 S.W. 15 St.</i>  | PEMBROKE PINES FL 33028<br><i>Pembroke Pines, Fl 33028</i>            |
|               |                                      |   |   |
|               |                                      |   | 800002726518--2#<br>-12/30/98--01065--018 --<br>****158.75 ****158.75 |
|               |                                      |   |   |
|               |                                      |   |   |
|               |                                      |   |   |
|               |                                      |   |   |
|               |                                      |   |   |

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

FRANCO VIERA, ARYS

16133-N.W. 14TH CT. N 16261 N.W. 15TH ST.  
PEMBROKE-PINES-FL 33028 ✓

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State  
FL

|          |  |
|----------|--|
| Zip Code |  |
|----------|--|

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.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

12. 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_