

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 JUL 25 AM 11: 58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P97000034646**

**1. Corporation Name**

**DEVEN HOLDING CORP.**

**2. Principal Office Address**

9415 S.W. 72nd Street

Suite, Apt. #, etc.

Suite 111

City & State

Miami, FL 33176

Zip

Country

**3. Mailing Office Address**

9415 S.W. 72nd Street

Suite, Apt. #, etc.

Suite 111

City & State

Miami, FL 33176

Zip

Country

**REINSTATEMENT**

98-00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/17/1997

**5. FEI Number**

☒ 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

Atrium RegisteredAgents, Inc.

300003342933--0

-08/01/00--01087--028

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

1500 San Remo Avenue

\*\*\*1050.00 \*\*\*1050.00

Suite, Apt. #, Etc.

Suite 125

City

Coral Gables

State  
FL

Zip Code  
33146

**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 7/20/00

**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/D	RAWICZ, JORGE	9415 S.W. 72nd Street/111	Miami, FL 33176
S/D	RAWICZ, HELENA	9415 S.W. 72nd Street/111	Miami, FL 33176
D	CEPERO, ELOY	9415 S.W. 72nd Street/111	Miami, FL 33176
D	CEPERO, ALINA	9415 S.W. 72nd Street/111	Miami, FL 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helena Rawicz, Sec.

Date

Daytime Phone #

KE

305 448 3297

CR2081 (9/99)