

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 25 PM 1:26

**DOCUMENT #** p97000046947

**1. Corporation Name**

VERACANO INC.

**2. Principal Office Address**

8322 NW 56 ST.

Suite, Apt. #, etc.

246

City & State

MIAMI, FL

Zip

33166

Country

USA

**3. Mailing Office Address**

8322 NW 56 ST.

Suite, Apt. #, etc.

246

City & State

MIAMI, FL

Zip

33166

Country

USA

**REINSTATEMENT** 00-01

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

05/28/1997

**5. FEI Number**

65-0761240

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$875 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

DAISY L GONZALEZ

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

9423 Fontainebleau Blvd. Apt. # 213

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

**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]*

Date

06/14/01

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	ALAN SERGIO RODRIGUEZ	14612 SW 172 Lane Miami, FL 33177	Miami, FL 33177
T	SERGIO RODRIGUEZ	14612 SW 172 Lane	Miami, FL 33177
S	DAISY L GONZALEZ	9423 Fontainebleau Blvd.	Miami, Apt. # 213, FL 33172

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Sergio Rodriguez  
President

Date

06/14/01

Daytime Phone #

CR2E081 (9/00)