

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC 17 AM 8:01

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000049893

1. Corporation Name

Alejandro Enrique Casuso & Gladys Yolanda Alo

2. Principal Office Address - No P.O. Box #

1435 West 49th Place

Suite, Apt. #, etc.

601

City & State

Hialeah, Florida

Zip

33012

Country

USA

3. Mailing Office Address

1435 West 49th Place

Suite, Apt. #, etc.

601

City & State

Hialeah, Florida

Zip

33012

Country

USA

**REINSTATEMENT**

CR2E081 (10/08)

07-05

4. Date Incorporated or Qualified

To Do Business in Florida 06/05/1997

5. FEI Number

65-0761100

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

Gladys Y. Alonso

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

1435 West 49th Place

Suite, Apt. #, Etc.

601

City

Hialeah

State

FL

Zip Code

33012

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 12/15/2008

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	Gladys Y. Alonso	1435 West 49th Place	Hialeah, Florida 33012
			100139104671 12/17/08--01037--002 **300.00

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 contained in Chapter 119, 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:

*Gladys Y. Alonso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/2008

Date

305-824-0224

Daytime Phone #

12/18