

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED  
00 FEB 25 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES  
Available to: Department of State

Name and Mailing Address of Corporation: DOCUMENT # P97000051701

THE HUAMBACHANO GROUP CO.  
10505 NW 27th Street  
Miami, FL 33172

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

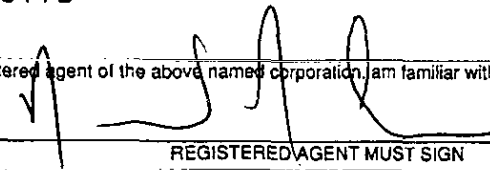
Address  
Address  
City and State

REINSTATEMENT

Date Incorporated or Qualified To Do Business in Florida June 11, 1997	4. FEI Number 65-0764706	FEI Number Applied For	5. \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
		FEI Number Not Applicable	

Names and Street Addresses of Each Officer and/or Director			
Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
/T/D	Vilma L. Cabrera	14525 SW 152 Terr	Miami, Florida
S/D	Nelson Cabrera	10505 NW 27th Street	Miami, Florida

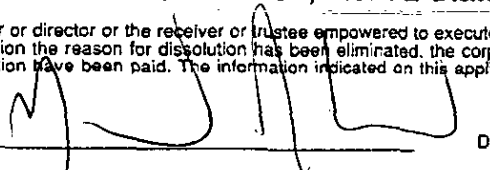
4000003156264--4  
-03/03/00--01039--013  
\*\*\*\*300.00 \*\*\*\*300.00

7. Name and Address of Current Registered Agent  Nelson Cabrera 10505 NW 27th Street Miami, FL 33172		8. Name and Address of New Registered Agent and/or Office Name Street Address (Do NOT Use P.O. Box Number) Street Address (Do NOT Use P.O. Box Number) City and State FL. Zip	
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  Date _____	
REGISTERED AGENT MUST SIGN			

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

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., and that all fees owed by the corporation have been paid. 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 of Officer or Director  Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_ KE