PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAR 15 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p97000051731

1. Corporation Name

NEW FINANCE, INC.

Principal Place of Business
85 Grand Canal Drive
Miami, Fl. 33144

Mailing Address

REINSTATEMENT

98.99
AW

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
7171 Coral Way	7171 Coral Way
Suite, Apt. #, etc: Ste. 211	Suite, Apt. #, etc: 211
City & State: Miami, Fl	City & State: Miami, Fl.
Zip: 33155 Country: USA	Zip: 33155 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: June 11, 1997

5. FEI Number: 65-0764174 (Applied For / Not Applicable)

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	RAMON GONZALEZ	13252 NW 1st. Ln	Miami, Fl. 33182
VPRES	LISETTE GONZALEZ	13252 NW 1st. Ln	Miami, Fl. 33182

[illegible]
-04/22/99--01116--002
****800.00 ****800.00

8. Name and Address of Current Registered Agent

PINO, RAUL F ESQ
2440 CORAL WAY
MIAMI, FL 33145

9. Name and Address of New Registered Agent

Name: RAMON GONZALEZ
Street Address (P.O. Box Number is Not Acceptable): 7171 CORAL WAY
Suite, Apt. #, Etc: 211
City: MIAMI State: FL Zip Code: 33155

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] REGISTERED AGENT MUST SIGN Date: 4/12/99

11. This corporation owes 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)(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

Date: 4/12/99 Daytime Phone: (305)260-7560

CR2E081 (12/98)