H01000024649 5

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
CORPORATIONS
01 MAR -2 AM 10:27

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000077714

1. Corporation Name
CALL Joaquin, Inc.

Principal Place of Business / Mailing Address
1811 Biarritz Drive
Miami Beach, FL 33141 ← Mailing Address Same

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

REINSTATEMENT 98-01

4. Date Incorporated or Qualified To Do Business in Florida: 9/09/1997

5. FEI Number: 65-0781070 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	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 / State / Zip
D	Fuertes, Joaquin	1811 Biarritz Drive	Miami Beach FL 33141

8. Name and Address of Current Registered Agent
Fuertes Joaquin
1811 Biarritz Drive
Miami Beach, FL 33141

9. Name and Address of New Registered Agent
Name: BRITO & BRITO Acct Inc
Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Road
Suite, Apt. #, Etc.: S-B
City: Miami Beach — State: FL — Zip Code: 33139

10. I, being designated 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: 3/6/01

11. This corporation owes or has paid 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 of 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(5)(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: Joaquin Fuertes — 3/6/01 — AD
SIGNATURE AND TYPED OR PRINTED NAME OF DESIRED OFFICER OR DIRECTOR — Date — Daytime Phone #

H01000024649 5

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000024649 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

CALL JOAQUIN, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,208.75