PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN -3 PM 2:56

DOCUMENT # P97000104324

1. Corporation Name
VIA DOLOROSA CORP.

Principal Place of Business / Mailing Address

455 NE 167th STREET
NORTH MIAMI, FLORIDA 33162

REINSTATEMENT 98-00

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

DO NOT WRITE IN THIS SPACE

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

4. Date Incorporated or Qualified To Do Business in Florida 12/11/97

5. FEI Number
650806624
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
P	FARID AJLOUNI	2780 NE 183 ST. PH 8	MIAMI, FLORIDA 33160

8. Name and Address of Current Registered Agent

FARID AJLOUNI
2780 NE 183rd STREET PH #8
MIAMI, FLORIDA 33160

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State FL / Zip Code

10. I, being appointed the [illegible] agent of [illegible] named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 12/27/99

REGISTERED AGENT MUST SIGN

11. 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.)

12. 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.) AD

13. I do hereby certify that the information supplied with [illegible] is voluntary [illegible] and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability [illegible] 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the representative [illegible] this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for [illegible] 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 [illegible] application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR AUTHORIZED CORPORATE OFFICER

12/27/99 305-772-8500

01-03-2000 13:03 P.03

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