

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 27 PM 5:27

DOCUMENT # P97000104629

1. Corporation Name

Alerico Management Group, Inc.

2. Principal Office Address

5820 S.W. 97 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33156

Country

USA

3. Mailing Office Address

5820 S.W. 97 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33156

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/11/1997

5. FEI Number

65-0801049

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

Manuel Blanco

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

5820 S.W. 97 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

200004717462-6

-12/10/01-01114-009

****750.00 ****750.00

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 November 23, 2001

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
PSTD	Manuel Blanco	5820 S.W. 97th Street	Miami, FL 33156
V	Beatriz Blanco	5820 S.W. 97th Street	Miami, FL 33156

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 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: Manuel Blanco, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/01

Date

305-740-3080

Daytime Phone #

CR2E081 (9/00)