

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN -2 AM 8:01

CORPORATION
REINSTATEMENT



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

DOCUMENT # P98000004247

1. Corporation Name

HIDALGOS SERVICES CORP.
11365 NW 7TH STREET SUITE 104

2. Principal Office Address

11365 NW 7TH STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

same

City & State

MIAMI

City & State

FLORIDA

Zip

33172

Country

USA

Zip

33172

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1085877

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

Ramon B. Canas

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

11365 NW 7TH STR.

Suite, Apt. #, Etc.

104

City

MIAMI

State

FL

Zip Code

33172

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

[Signature]

PRES

Date 11-15-02

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
VP	RAINEL R. CANAS	7365 SW 139TH CT	MIAMI FL 33183

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:

[Signature] Rainel R. Canas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/02

Date

Daytime Phone #

(386)255-3018

CR2E081 (9/01)

11/1/03