

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000029521

1. Entity Name
NUMANTIA TOWER INC.



FILED

04 DEC -7 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3501 INVERRARY BLVD.
FT. LAUDERDALE, FL 33319

Mailing Address
3501 INVERRARY BLVD.
FT. LAUDERDALE, FL 33319



2. Principal Place of Business
3501 INVERRARY BLVD
Suite, Apt. #, etc.
22
City & State
FORT LAUDERDALE
Zip
33319 Country
F

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

12022004 REIN-P CR2E098 (6/04)

4. FEI Number
65-0827823

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARIAS, YOLANDA
55 PALM AVENUE
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ALDAVERO, JOSE M	
STREET ADDRESS	55 PALM AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARIAS, YOLANDA	
STREET ADDRESS	55 PALM AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALDAVERO, JOSE M	
STREET ADDRESS	55 PALM AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALDAVERO, JOSE M	
STREET ADDRESS	55 PALM AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700043237407
12/07/04--01035--018 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/04
Date

Daytime Phone #