

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 FEB 28 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA8000036011**

1. Corporation Name

Las Nubes, Inc.

2. Principal Office Address

3055 SW 32 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 331259

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33133

Country

USA

Zip

33233

Country

USA

REINSTATEMENT

9-01

4. Date Incorporated or Qualified
To Do Business in Florida

April 21, 1998

5. FEI Number

65-0824362

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

Patricia Ramirez

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

3055 SW 32 Avenue

Suite, Apt. #, Etc.

City

Miami, Florida

State

FL

Zip Code

33133

600003810386-1
03/07/01-01075-002
*****1050.00 ***1050.00**

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

Patricia Ramirez
REGISTERED AGENT MUST SIGN

Date **2/26/01**

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
Pres.	Patricia Ramirez	3055 SW 32 Avenue	Miami, FL 33133
Vice Pres.	Walter Kaiser	3055 SW 32 Avenue	Miami, FL 33133

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03/07/01-01075-003
*******8.75 *****8.75**

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:

Patricia Ramirez - Patricia Ramirez 2/26/01 305-476-5959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #