

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 DEC -2 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000044282

1. Corporation Name

Figogama, Inc.

**REINSTATEMENT** 10

700187552187  
11/08/10--01054--009 \*\*150.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

1451 Ocean Dr.

3. Mailing Office Address

1451 Ocean Dr.

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

Zip

33139

Country

4. Date Incorporated or Qualified

To Do Business in Florida 05/15/98

5. FEI Number

65-0863528

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

Celia Perez

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

1451 Ocean Drive

Suite, Apt. #, Etc.

Suite 101

City

Miami Beach

State

FL

Zip Code

33139

700187552187  
12/01/10--01025--004 \*\*600.00

4/2/2

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

REGISTERED AGENT MUST SIGN

Date

10/14/10

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
PD	Gonzalo Perez	1451 Ocean Dr, Ste 101	Miami Beach, FL 33139
STD	Celia Perez	1451 Ocean Dr, Ste 101	Miami Beach, FL 33139
			S. HAWKES
			NOV 9 2010
			EXAMINER

**REINSTATEMENT**

2010

W

10. E-mail Address: goceli37@gmail.com

(To be used for future annual report notification)

11. 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, I further certify, 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:

Gonzalo Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/10

Daytime Phone #