


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000054149

1. Corporation Name

CASITA AMOR ALF, INC.

2. Principal Office Address

2303 S.W. 62 COURT

3. Mailing Office Address

P.O. BOX 654505

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FL

Zip

33155

Country

USA

Zip

33265-4505

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0843373

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
04 MAY -6 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

700035711337
05/06/04--01049--001 **1012.50

7. Name and Address of Current Registered Agent

Name

ANA CABRERA

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

2345 S.W. 62ND COURT

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33155

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

Ana C. Cabrera

REGISTERED AGENT MUST SIGN

Date

04-27-04

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
DPST	ANA CABRERA	2345 S.W. 62 COURT	MIAMI, FL 33155

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:

Ana C. Cabrera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-27-04

Daytime Phone #

Phone
786
260-4173

CR2001 (01/04)