PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB -7 AM 11:33

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000061564

1. Corporation Name

ALVAZAR ENTERPRISES, INC.

2. Principal Office Address		**3.** Mailing Office Address	
7990 SW 117 Avenue		7990 SW 117 Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE # 136		SUITE # 136	
City & State		City & State	
MIAMI, FLORIDA		miami, FLORIDA	
Zip	Country	Zip	Country
33183	MIAMI-DADE	33183	MIAMI-Dade

4. Date Incorporated or Qualified To Do Business in Florida: 07/13/98

5. FEI Number: XX Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: JOSE RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable): 7990 SW 117 AVENUE

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***1200.00 ***1200.00

Suite, Apt. #, Etc.: SUITE # 136

City: MIAMI | State: FL | Zip Code: 33183

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 _____ Date 02/05/2002

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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.	MARY MONTENEGRO	7990 SW 117 AVE # 136	MIAMI, FL 33183
VICEPRES.	JOSE RODRIGUEZ	7990 SW 117 AVE # 136	MIAMI, FL 33183
		REINSTATEMENT 99-2002	
			YB 2/12/02

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: Jose Rodriguez 02/05/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #