PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 MAR 13 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000077057

1. Corporation Name
HOGAR CRISTIANO LARGA VIDA, INC.

2. Principal Office Address	**3.** Mailing Office Address
8601 SW 36 STREET	SAME
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State MIAMI - FL.	City & State SAME
Zip 33155 / Country USA	Zip SAME / Country SAME

4. Date Incorporated or Qualified To Do Business in Florida 9/2/98

5. FEI Number 65-0861587 — 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: ROBERTO A. LUCIANI

Street Address (P.O. Box Number is Not Acceptable): 1730 SW 99 CT.

Suite, Apt. #, Etc.:

City: MIAMI - FLORIDA — State: FL — Zip Code: 33165

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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: ROBERTO LUCIANI — Date: 2/2/00
REGISTERED AGENT MUST SIGN

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
PRESID.	ROBERTO A. LUCIANI	1730 SW 99 CT.	MIAMI - FL - 33165
VICE PRES.	SUSANA C. LUCIANI	1730 SW 99 CT.	MIAMI - FL - 33165

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REINSTATEMENT 99-00

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: ROBERTO LUCIANI — 2/29/00 — (305) 220-3362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #