PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 15 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000091679**

1. Corporation Name

CECILVIC DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1225 S.W. 87TH AVENUE MIAMI FL 33174	1225 S.W. 87TH AVENUE MIAMI FL 33174

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
13699 S.W. 142 TERR	P.O. BOX 165820
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLA.	City & State: MIAMI, FLA.
Zip: 33186 Country: USA	Zip: 33116 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/28/1998 $P

5. FEI Number: 65-0884922 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional fee is required for a certified copy of this filing.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SEIJAS, VICGTOR F JR.	1225 S.W. 87TH AVENUE	MIAMI FL 33174
			400003060974--3 -12/06/99--01011--009 ****600.00 ****600.00
			400003060974--3 -12/06/99--01011--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

WAYNE, ROBERT
1225 S.W. 87TH AVENUE
MIAMI FL 33174

9. Name and Address of New Registered Agent

Name: VICTOR F. SEIJAS JR.
Street Address (P.O. Box Number is Not Acceptable): 13699 SW 142 TERR.
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33186

CR2E040 (6/99)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REQUIRED
REGISTERED AGENT MUST SIGN
Date: 11-7-99

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 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: [signature] REQUIRED VICTOR F SEIJAS JR. 10-19-99 305-378-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #