


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 998000107521

1. Corporation Name  
HOEHLINGER & CHIARINI INC

2. Principal Office Address  
1777 SW 3rd Ave

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.  
Miami, Fla

City & State  
Miami, Fla

Zip  
33129 Country  
U.S.A.

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 03-04**

100029593351  
03/01/04--01014--011 \*\*\$900.00

4. Date Incorporated or Qualified To Do Business in Florida  
12/29/1998

5. FEI Number  
650884600 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  
LILY SAENZ

Street Address (P.O. Box Number is Not Acceptable)  
1777 SW 3rd Ave

Suite, Apt. #, Etc.

City  
Miami State  
FL Zip Code  
33129

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  
Lily Saenz REGISTERED AGENT MUST SIGN

Date  
2.20.04

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
P	Lily IZARNOTEGUI	1777 SW 3rd Ave	Miami Fla 33129
V.P	GUSTAVO SAENZ SR	"	"
S	Alexander CHIARINI	"	"
T	Veronica HOEHLINGER	"	"

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: Lily Izarnotegui Date  
2.20.04 305/257-3456

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

CRZE08 (01/04)