

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 APR 29 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000011586

1. Corporation Name

All Exclusive Models Corp.

2. Principal Office Address

5050 N.W. 74 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Office Address

2401 S.W. 128 CT

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33175

Country

USA

900005491569--0

-05/08/02--01031--023

****300.00 ****300.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/5/99

5. FEI Number

65-0894768

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 DELIA GUERRA

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

2401 S.W. 128 CT

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

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 X

Date

2-20-02

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
P	DELIA GUERRA	2401 S.W. 128 CT	Miami, FL. 33175
M	DEYANIRA GUERRA	2401 S.W. 128 CT	Miami, FL. 33175

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/02

Daytime Phone #

305-226-7880

CR2E081 (9/01)

April 26, 2002


Reinstatement
Division of Corp.
P.O.Box 6327
Tallahassee, Fl. 32314
Ref: All Exclusive Models Corp.

I am writing to inform you that I have not received the Uniform Business Report and I am requesting the late fee to be waived.

I am enclosing a reinstatement form along with a payment of \$300.00.

Thank you and if you have any questions, please contact me at 305-226-7880.

All Exclusive Models Corp.



Delia Guerra