

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 15 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000019975

1. Corporation Name

SMUUTHCRUZ, INC.

Principal Place of Business

616 SAN ESTEBAN
CORAL GABLES FL 33146

Mailing Address

616 SAN ESTEBAN
CORAL GABLES FL 33146

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1999

5. FEI Number

65-0901451

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	DE ZARRAGA, MANUEL	2 SOUTH BISCAYNE BOULEVARD 616 SAN ESTEBAN	MIAMI FL 33134 CORAL GABLES, FL 33146
D	CIVANTOS, FRANCISCO	2 SOUTH BISCAYNE BOULEVARD 715 CURTISWOOD DRIVE	MIAMI FL 33134 KEY BISCAYNE, FL 33149
D	PEREZ, JOSE	2 SOUTH BISCAYNE BOULEVARD	MIAMI FL 33134
			600025504286 12/15/03--01036--015 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~PEREZ, RAFAELA~~

~~2 SOUTH BISCAYNE BOULEVARD~~

~~800 FE 1800~~

~~MIAMI FL 33134~~

MANUEL A. DE
ZARRAGA

Name

MANUEL A. DE ZARRAGA

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

616 SAN ESTEBAN

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33146

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-27-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-27-03 305-773-9841

CR20040 (7/03)