PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -7 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H020002233839

DOCUMENT # P99000039062

1. Corporation Name
NUNEZ REYES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 789 CRANDON BLVD<br>UNIT 1403<br>KEY BISCAYNE FL 33149 | C/O AGI REGISTERED AGENTS, INC.<br>1200 BRICKELL AVE., STE. 900<br>MIAMI FL 33131 |

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

REINSTATEMENT 2002

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| Suite, Apt. #, etc.: Unit 1403, Tower 1 | Suite, Apt. #, etc. |
| City & State: Key Biscayne, FL 33149 | City & State |
| Zip / Country | Zip / Country |

4. Date Incorporated or Qualified To Do Business In Florida: 04/28/1999

5. FEI Number: ~~APPLIED FOR~~ 65-0974694 ☐ 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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---|---|---|---|
| D | NUNEZ MANJARRES, JORGE ENRIQUE | 789 CRANDON BLVD UNIT 1403 | KEY BISCAYNE FL 33149 |
| D | GUZMAN, GLORIA REYES | 789 CRANDON BLVD UNIT 1403 | KEY BISCAYNE FL 33149 |
| D | NUNEZ REYES, DANIEL ANDRES | 789 CRANDON BLVD UNIT 1403 | KEY BISCAYNE FL 33149 |
| D | NUNEZ REYES, JORGE MAURICIO | 789 CRANDON BLVD UNIT 1403 | KEY BISCAYNE FL 33149 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2EDMD (8/02)

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: SIGNATURE REQUIRED, President, AGI Registered Agents, Inc. Date: 11/7/02
REGISTERED AGENT MUST SIGN

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, By: [illegible] for D.P. Nunez Reyes, Director. 11/7/02 305-416-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027345 AV

# Florida Department of State
## Division of Corporations
### Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

# CORPORATION REINSTATEMENT

## NUNEZ REYES, INC.

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | $750.00 |