

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONSFILED
03 OCT 21 AM 8:40
H03000299994 3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000039062

1. Corporation Name

NUNEZ REYES, INC.

Principal Place of Business

Mailing Address

789 CRANDON BLVD
UNIT 1403, TOWER 1
KEY BISCAYNE FL 33149C/O AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE. STE. 900
MIAMI FL 33131

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0914694

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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	REYES-GUZMAN, GLORIA	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

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

President, AGI Registered Agents, Inc. 10/19/2003

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:

Attny in Fact for D.A. Nunez-Reyes, Director 10/19/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-416-6800

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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

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