

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99000040702

1. Corporation Name

Bauhica al Dia, inc.

2. Principal Office Address

13293 S.W. 112 Terrace

Suite, Apt. #, etc.

Suite #3

City & State

MIAMI, FLORIDA

Zip

33186

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

same

City & State

same

Zip

same

Country

same

REINSTATEMENT

W-03

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 5th, 1999

5. FEI Number

65-0917920

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

Filemon Ortega

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

13293 S.W. 112 Terrace

Suite, Apt. #, Etc.

Suite #3

City

MIAMI

600023855366

10/16/03--01049--012 **1200.00

600023855366

10/16/03--01049--012 **1050.00

State

FL

Zip Code

33186

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/14/03

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	Maria G. Vega	13293 S.W. 112 Terrace #3	MIAMI, FL. 33186

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:

[Signature] Maria G. Vega

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03

Date

305.408.3314

Daytime Phone #

CR2E081 (10/02)

21 10/20