

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL -9 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000044282

1. Corporation Name

UNIT 813 FORTUNE HOUSE, INC.

c/o Domingo Alonso, P.A.

2. Principal Office Address

13251 SW 17 COURT

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip Country

33027

USA

3. Mailing Office Address

301 ALMERIA AVE

Suite, Apt. #, etc.

SUITE 3

City & State

CORAL GABLES FL

Zip Country

33134

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0919087

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

DOMINGO ALONSO

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

301 ALMERIA AVE

Suite, Apt. #, Etc.

SUITE 3

City

CORAL GABLES, FL

State
FL

Zip Code

33134

400006360494-2
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****900.00 ****00.00

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

REGISTERED AGENT MUST SIGN

Date

7/1/02

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
D	LUIS J ARREAZA	13251 SW 17 COURT	MIRAMAR, FL. 33027

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/3/02 305/448-3000