

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 NOV 15 AM 9:47

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061538

1. Corporation Name

Juan Carlos Bernal Consultant, Inc.

800112350018
11/15/07--01048--003 **1200.00

2. Principal Office Address - No P.O. Box #
3601 NW 123rd Street

3. Mailing Office Address
13111 SW 56th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33167

Country
USA

Zip
33183

Country
USA

CRZE081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 7/1/1999

5. FEI Number 650930859

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
Lima, Rios & Marrero, P.A.

Street Address (P.O. Box Number is Not Acceptable)
8360 W. Flagler St.

Suite, Apt. #, Etc.
Suite 200

City
Miami

State Zip Code
FL 33144

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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]*

Date 11/8/07

REGISTERED AGENT MUST SIGN

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
Pres	Juan Carlos Bernal	13111 SW 56th Terrace	Miami, Florida 33183
VP	Maria Bernal	13111 SW 56th Terrace	Miami, Florida 33183

REINSTATEMENT

04-07

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 contained in Chapter 118, 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

[Signature]
Date 11/8/07

Daytime Phone #