

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUN 25 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000066171

1. Corporation Name

1630 CORP

2. Principal Office Address
6780 CORAL WAY

~~XXXXXX~~

3. Mailing Office Address
6780 CORAL WAY

~~XXXXXX~~

Suite, Apt. #, etc.
SUITE NO. 100

Suite, Apt. #, etc.
SUITE NO. 100

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33155 MIAMI-DADE

Zip Country
33155 MIAMI-DADE

REINSTATEMENT

00-01

**4. Date Incorporated or Qualified
To Do Business in Florida** JULY 26, 1999

5. FEI Number
650953052

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
ALFONSO RODRIGUEZ

8000004462008-8

Street Address (P.O. Box Number is Not Acceptable)
6780 CORAL WAY

~~XXXXXX~~

07/06/01--01035--082

Suite, Apt. #, Etc.

SUITE NO. 100

City
MIAMI

State Zip Code
FL 33155

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

Alfonso Rodriguez

REGISTERED AGENT MUST SIGN

Date JUNE 13, 2001

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/D	MARICELA P. PRIETO	75 ⁰⁰ MIAMI VIEW DRIVE	NORTH BAY VILLAGE, FL 33141
			09/01/00 90062 047 \$550.00

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:

Maricela P. Prieto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 13, 2001 (305)-662-1824

Date Daytime Phone #

CR2E081 (9/00)