

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 26 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000068911

1. Corporation Name

MONTOYA & RESTREPO COMPANY, INC.

2. Principal Office Address

5542 NW 112 CT

Suite, Apt. #, etc.

3. Mailing Office Address

5542 NW 112 CT

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 08/03/1999

5. FEI Number

65-0938012

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

ALVARO ZAMBRANO

Street Address (P.O. Box Number is Not Acceptable)
14453 S.W.115TH STREET

Suite, Apt. #, Etc.

City

MIAMI

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 of Alvaro Zambrano]

REGISTERED AGENT MUST SIGN

Date 10-25-04

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
PD	JAIME RESTREPO	14453 S.W.115TH STREET	MIAMI FL 33186
SVD	MARCELA MONTOYA	14453 S.W.115TH STREET	MIAMI FL 33186
TD	ALVARO ZAMBRANO	14453 S.W.115TH STREET	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 of Alvaro Zambrano]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-04

Date

Daytime Phone #

CR2ED081 (01/04)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR 2004 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,


ALVARO ZAMBRANO
PRESIDENT