

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 22 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000072376

1. Corporation Name

Hogar C.R.E.A., Florida, Inc

2. Principal Office Address - No P.O. Box #

1000 Brickell Avenue

3. Mailing Office Address

1000 Brickell Avenue

Suite, Apt. #, etc.

Suite 641

Suite, Apt. #, etc.

Suite 641

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

U.S.A.

Zip

33131

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/09/1999

5. FEI Number

651068269

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

Samuel D. Blanco

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

3971 SW 8th Street

Suite, Apt. #, Etc.

Suite 310

City

Coral Gables

State

FL

Zip Code

33134

☐ 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]

REGISTERED AGENT MUST SIGN

Date

4/30/07

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
PVST	Ricardo Jacobo	Apartado Postal 1504 Ave. Tiradentes # 53	Sot Domingo, Dominican Republic

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 119, F.S. The information indicated in 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 #

5/16/07