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APPLICATION
FOR
REINSTATEMENT

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

FILED

01 OCT 18 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000083692
1. Corporation Name

Ocean Pointe Corp.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified 9/21/1999	3a. Date of Last Report
4. FEI Number not applicable	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1428 Brickell Avenue Suite, Apt. #, etc. 22 City & State 23 Miami FL Zip 24 33131	2a. Mailing Address 26 1428 Brickell Avenue Suite, Apt. #, etc. 27 City & State 28 Miami FL Zip 29 33131	Country 25 Miami-Dade	Country 30 Miami-Dade
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9. Name and Address of Current Registered Agent

Julio E. Manguart
1428 Brickell Avenue
Main Floor
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.1108, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Julio E. Manguart* Julio E. Manguart 10/17/01

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.

SIGNATURE *Gustavo Cusi* Gustavo Cusi, by Julio E. Manguart as attorney-in-fact 10/17/2001 305-372-8869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Ocean Pointe Corp.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 300 check payable to Florida Department of State

It is our understanding that the state will waive the late filing fee (and reinstate the company if applicable) because we never received the Uniform Business Report that should have been mailed to us. Thank you.

Sincerely,

Name: Gustavo Cusi

Title: Director, Chairman

Date: 10/17/2001

Page 3 of 3

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 10-18-01

NAME: OCEAN POINTE, CORP.

TYPE OF FILING: REINSTATEMENT

COST: CHECK ATTACHED FOR \$300.00

RETURN:

ACCOUNT: ~~ECA0000000015~~

AUTHORIZATION: ABBIE/PAUL HODGE

RECEIVED
01 OCT 18 AM 10:58
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PAGE 1013

APPLICATION
FOR
REINSTATEMENT

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

FILED

01 OCT 18 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061259

1. Corporation Name

Hermanos Cano Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

7/7/1999

3a. Date of Last Report

2. Principal Place of Business

21 1800 S. Ocean Boulevard

Suite, Apt. #, etc.

22 #1202

City & State

23 Pompano Beach FL

Zip

24 33062

County

25 Miami-Dade

2a. Mailing Address

26 1800 S. Ocean Boulevard

Suite, Apt. #, etc.

27 #1202

City & State

28 Pompano Beach FL

Zip

29 33062

County

30 Miami-Dade

4. FEI Number

not applicable

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution - ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under
s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Julio E. Manguart
1428 Brickell Avenue
Main Floor
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name

German Cano

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

9800 NW 17th Street

83 Suite 2

84 City

Miami

FL

85 Zip Code

33172

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

German Cano
Signature, typed or printed name of registered agent and title if applicable.

German Cano

(NOTE: Registered Agent signature required when reinstating)

DATE

10/17/01

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME Gustavo Cano
STREET ADDRESS 1800 S. Ocean Boulevard #1202
CITY-ST-ZIP Pompano Beach FL 33062

TITLE D ☐ DELETE

NAME Doris Cano
STREET ADDRESS 1800 S. Ocean Boulevard #1202
CITY-ST-ZIP Pompano Beach FL 33062

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

500004653875--2
-10/25/01--01079--002
****300.00 ****300.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

78

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gustavo Cano by Julio E. Manguart as attorney-in-fact

Date

10/17/01

Daytime Phone #

305-372-8889

Page 2 of 3

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Hermanos Cano Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 300 check payable to Florida Department of State

It is our understanding that the state will waive the late filing fee (and reinstate the company if applicable) because we never received the Uniform Business Report that should have been mailed to us. Thank you.

Sincerely,

Name: Gustavo Cano

Title: Director, Chairman

Date: 10/17/2001

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 10-18-01

NAME: HERMANOS CANO INC.

TYPE OF FILING: REINSTATEMENT

COST: CHECK ATTACHED FOR \$300.00

RETURN:

ACCOUNT: ~~EC 4000000015~~

AUTHORIZED

ABBIE/PAUL HODGE

RECEIVED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA