

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**  
04 APR 15 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P 99000102612

**1. Corporation Name**

NUMERO UNO REALTY INC

700034161157  
04/27/04--01079--012 \*\*1058.75

**2. Principal Office Address**

3894 MANNIX DR STE 220

Suite, Apt. #, etc.

220

City & State

NAPLES FL 34114

Zip

34114

Country

COLLIER

**3. Mailing Office Address**

3894 MANNIX DR STE 220

Suite, Apt. #, etc.

220

City & State

NAPLES FL 34114

Zip

34114

Country

COLLIER

**REINSTATEMENT** 02-04

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

**5. FEI Number**

65-0963812

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

~~MAXXRA~~ MAYRA MARTINEZ

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

8168 IBIS COVE CIRCLE

Suite, Apt. #, Etc.

City

NAPLES FLORIDA 34119

State

FL

Zip Code

34119

**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

*Mayra Martinez*

REGISTERED AGENT MUST SIGN

Date

4-14-04

**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
P	MAYRA MARTINEZ	8168 IBIS COVE CIRCLE	NAPLES FL 34119

**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:**

*Mayra Martinez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

Date

2393540172

Daytime Phone #

CR2E081 (01/04)