

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 18 AM 8:00

DOCUMENT # S38988.

1. Corporation Name Najole, Inc.
151 Crandon Blvd. #1023
Key Biscayne, FL 33149

2. Principal Office Address

151 Crandon Blvd.

Suite, Apt. #, etc.

#1023

City & State

Key Biscayne, FL

Zip

33149

Country

Miami-Dade

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

680267088

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status500027379015
01/22/04--01007--030 **1200.00

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent

Name

Manuel A. Ramirez

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

1200 Brickell Ave

Suite, Apt. #, Etc.

Suite 1440

City

Miami

State

FL

Zip Code

33131

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

Date

REGISTERED AGENT MUST SIGN

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 | Echeverri, Lorenza Botero | 151 Crandon Blvd. #1023 | Key Biscayne, FL 33149 |
| D | Fayad Delgado William | 151 Crandon Blvd. #1023 | Key Biscayne, FL 33149 |
| | | | |
| | | | |
| | | | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #