

# APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 27 PM 1:58

DOCUMENT # **S78137**

1. Corporation Name

**SHUSHO INVESTMENT, INC.**

Principal Place of Business

Mailing Address

7400 NW 7ST  
SUITE 109  
MIAMI FL 33126

7400 NW 7ST  
SUITE 109  
MIAMI FL 33126



**REINSTATEMENT 00**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/06/1991

5. FEI Number

65-0415606

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

☒ \$9.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	XACUR, CHAFI	670 N.W. 133RD AVE	MIAMI FL
D	XACUR, ELEONOR	670 N.W. 133RD AVE	MIAMI FL
D	XACUR, ELEONOR	670 N.W. 133RD AVE	MIAMI FL
VP	ROSADO, CARLOS A.	7400 NW 7ST, SUITE 109	MIAMI FL
			400003529734--2 -01/04/01--01094--023 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSADO, CARLOS A  
7350 NW 7ST  
SUITE 105  
MIAMI FL 33126

Name

Carlos Rosado

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

7400 NW 7ST

Suite, Apt. #, Etc.

Suite 109

City

miami

State

FL

Zip Code

33126

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

12/22/00

11. 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 267-2120