

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND  
FILED

08 MAR 25 AM 6:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400121197944  
03/25/08--01019--005 \*\*2100.00

3-26-08 8:15

REINSTATEMENT 09-08

4. Date Incorporated or Qualified  
To Do Business in Florida 10/30/1991

5. FEI Number  
65-0299231

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S90722

1. Corporation Name

CESPEDES INCORPORATED

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

10101 SW 58 ST

Suite, Apt. #, etc.

City & State

MIAMI-FL

Zip

33173

Country

USA

3. Mailing Office Address

10101 SW 58 ST

Suite, Apt. #, etc.

City & State

MIAMI-FL

Zip

33173

Country

USA

**7. Name and Address of Current Registered Agent**

Name

DE CESPEDES, JORGE

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

10101 SW 58 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

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 03-18-2008

**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
PSD	DE CESPEDES, JORGE	10101 SW 58 ST	MIAMI / FL / 33173

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 contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-18-2008 305-865-2365

Date

Daytime Phone #