

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V03897

1. Corporation Name

Newfield (G.P.) Inc.

2. Principal Office Address - No P.O. Box #
201 Crandon Blvd

3. Mailing Office Address
201 Crandon Blvd

Suite, Apt. #, etc.
Apt# 837

Suite, Apt. #, etc.
Apt# 837

City & State
Key Biscayne, FL

City & State
Key Biscayne, FL

Zip Country
33149 USA

Zip Country
33149 USA

7. Name and Address of Current Registered Agent

Name
Alexander J Rodriguez

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

Suite, Apt. #, Etc.

City
Coral Gables

State Zip Code
FL 33134

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

REGISTERED AGENT MUST SIGN

Date **10/15/2007**

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	Ludovico Manfredi	201 Crandon Blvd Apt 837	Key Biscayne, FL 33149
S	Ludovico Manfredi	201 Crandon Blvd Apt 837	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 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:

Ludovico Manfredi

10/15/2007

305.608.9569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07 OCT 2007 11:42
TALLAHASSEE, FLORIDA

200111194252
10/23/07--01017--016 **300.00

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **1/3/1992**

5. FEI Number
65-0307236

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.