

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

FILED

02 MAR 13 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V24603

1. Corporation Name

210 CALABRIA AVENUE CORP.

100005108501--6

-03/14/02--01064--020

*****8.75 *****8.75

2. Principal Office Address

2121 PONCE DE LEON BOULEVARD

Suite, Apt. #, etc.

SUITE 240

City & State

MIAMI, FL

Zip

33134

Country

USA

3. Mailing Office Address

2121 PONCE DE LEON BOULEVARD

Suite, Apt. #, etc.

SUITE 240

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

REINSTATEMENT 01-02

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

MARCH 30, 1992

5. FEI Number

65-0355733

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

ALBERT D. QUENTEL

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

1221 BRICKELL AVENUE

Suite, Apt. #, Etc.

City

MIAMI

800005108528--2

-03/14/02--01064--021

***1050.00 ***1050.00

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

ALBERT D. QUENTEL

REGISTERED AGENT MUST SIGN

Date March 12, 2002

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
DV	GARRIDO, HAYDEE JOSEFINA	2620 NATOMA DRIVE	MIAMI, FL 33133
DP	GARRIDO, IVAN	2620 NATOMA DRIVE	MIAMI, FL 33133
AS	ARAYA, LYLLE	2620 NATOMA DRIVE	MIAMI, FL 33133
D	GABRIEL PRATTS	2121 PONCE DE LEON BLVD., #240	CORAL GABLES, FL 33134

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

IVAN GARRIDO, PRESIDENT

3/12/02

Date

305-856-0550

Daytime Phone #