| 2. Principal Office Address 1905 SW 161 5 T | PLEASE REA | D ALL INSTRUCTIONS BEFORE | COMPLETING THIS FORM. |
|--|---|--|--|
| 1. Corporation Name 1. Name Name 1. Corporation N | CORPORATION | Katherine Harris Secretary of State | |
| 2. Principal Citice Address 7905 SW 16137 3. Making Office Address 7905 SW 16137 REINSTATEMENT REINSTATEMENT REINSTATEMENT 3. Making Office Address 7905 SW 16137 REINSTATEMENT 4. Date Incorporated on Consisted To Do Brushness In Monda 10. M. 1992 City & State M1.9, FC Country 33157 Dade 7. Name and Address of Country To Dade 7. Name and Address of Country Street Address (P.O. Box Number is Not Accopability) 7. Name and Address of Country Suite, Apt. #, Etc. City City M1.9, FEI Street Address (P.O. Box Number is Not Accopability) For a condition of 33 Street Address (P.O. Box Number is Not Accopability) For a condition of 33 Name POSITE FED AGENT Address of Earth Officer andreo Director (Florida nonprofit corporations must list at least 3 directors) Name of City State / Zip Date PDays M. Bentez 7905 SW 16157 Makin, R. 33/57 Date 1. Libring exponited the registered gent of the Accopability PDays M. Bentez 7905 SW 16157 Makin, R. 33/57 Date 1. Libring exponited the registered form of the receiver of business and or Directors Officers and for Directors Officers and for Directors Name of State Address of Earth Officer andreo Director (Florida nonprofit corporations must list at least 3 directors) Name of Directors Officers and for Directors Officers and for Directors Officers and for Directors Officers and for Directors This Director of the receiver or business announced to execute this application is provided for in chapter 607 or 617, F.S. 1 further centify that when 8 fing over 4 for 5 form 607, 800, F.S. 1 form of 600, 800, 800, 800, 800, 800, 800, 800, | | | SECRETARY OF STATE |
| REINSTATEMENT JUNE Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. 4. Data Incorporated or Counting To Do Blushesse in Proride I/O_P_1992 Applied Fo To Do Blushesse in Proride I/O | | Inc. | -11/15/0001101013 |
| Milar File Mila | 1905 SW 1615T | 7905 SW 1615T | REINSTATEMENT 2000 |
| Milar File Mila | | | 4. Date Incorporated or Qualified To Do Business in Florida 10 - 19 - 19 9 2 |
| Signature of Signature S | Mia, FC | MIAMI, FE | 5. FEI Number Applied For |
| Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Migary I, being appointed the registered given of the above named corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S. Signature of Size Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Name of Officer and/or Directors Officer and/or Director Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director Director Officers and/or Director Officer officer Officer and/or Director Officer | 33157 Dade | | |
| Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip P Darsy M. Benitez 7905 Sw 16157 Miami, Ft. 33/57 Sear S. Benitez 7905 Sw 16157 Miami, Ft. 33/57 T Oxar M. Benitez 7905 Sw 16157 Miami, Ft. 33/57 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 filling 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 games of Individuals listed on this form do not samplication is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: | Suite, Apt. #, Etc. City 1, being appointed the registered agent of the a | bove named corporation, am familiar with and accept the c | obligations of section 607.0505 or 617.0503, F.S. |
| Officers and/or Directors Officer and/or Director Officer and/or Dire | Names and Street Addresses of Each Officer a | and/or Director (Florida nonprofit corporations must list at le | east 3 directors) |
| Secretary In Secretary Sec | | | |
| Tokcar M. Benilez 7905 SW (615) Man, F. 3157 Decar M. Benilez 7905 SW (615) Man, F. 33/57 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 pames 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. | P Daisy M. Be | initez 7905 SW 161. | ST MIAMI, IJ 33157 |
| 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: | | | |
| this reinstaltement 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: | T Obcar M. Benilez | 7905 SW 1615 | 1 , 1 , |
| this reinstaltement 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: | | | . 128 |
| SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | this reinstalement application, the reason for di owed by the corporation have been paid and the on this application is true and accurate, and my SIGNATURE: | ssolution has been eliminated, the corporate name satisfies to names of individuals listed on this form do not qualify for a signature shall have the same legal effect as if made under | s the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated er oath. |