

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000000913

1. Corporation Name

AURORA BUILDERS INC.

Principal Place of Business

Mailing Address

6595 NW 36ST
#203

(SAME)

VIRGINIA GARDENS R 33166

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

5. FEI Number

65-0546649

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DMT	RAVELAT TERUBITA	6595 NW 36ST #203 VIRGINIA GARDENS, FL 33166	
			200002800712--6 -03/10/99--01058--003 *****300.00 *****300.00
			200002800712--6 -03/10/99--01058--004 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATUTES, OSCAR B.
6595 NW 36ST #203
VIRGINIA GARDENS, FL 33166

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

2/26/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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

TERUBITA RAVELAT

2/25/99

Date

(305) 871-9695

Daytime Phone



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6405 N.W. 36 Street Suite 115 • Miami, Florida 33166 • Tel. (305) 871-9595 • Fax (305) 871-7476

February 26, 1999

Florida Dept. Of State
P.O. Box 6327
Tallahassee, Fl 32314

Re: Re-instatement P95000000913

Dear Sirs:

Enclosed please find a check for the reinstatement of our corporation. This checks includes the payment for 1998 and 1999 plus an amount for certificate of status.

We are a minority small business that has had to reduce and move our offices 3 times over the past three years. Due to those moves various pieces of mail have been delivered to the wrong address or not at all. If it had not been for the information we receive from our new bank we would not had known that our corporation had been administratively dissolved.

We sincerely apologize for not contacting your department sooner about the change of address we will keep it in mind if we move our offices again. Would also like to request that you pardon any penalties involve in our reinstatement.

Thanking you in advance for your kind attention to our request, I remain

Sincerely,


Teresita Radelat
President