

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 27 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000132630**

1. Corporation Name

Oliveira's Enterprises, Inc

300103198683
05/24/07--01027--015 **450.00

W070000015170

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

1865 SW 4TH Avenue

3. Mailing Office Address

1865 SW 4TH Avenue

Suite, Apt. #, etc.

Suite 10

Suite, Apt. #, etc.

Suite 10

City & State

Del Ray Beach, Florida

City & State

Del Ray Beach, Florida

Zip

33444

Country

US

Zip

33444

Country

US

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

9/22/04

5. FEI Number

20-8623082

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

Luciano Oliveira

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

1865 SW 4TH Avenue

Suite, Apt. #, Etc.

Suite 10

City

Del Ray Beach

State

FL

Zip Code

33444

☒ 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.

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

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
D	Luciano Oliveira	1865 SW 4TH Av Suite 10	Delray Beach, FL 33444
PRTS	Luciano Oliveira	1865 SW 4TH Av. Suite 10	De lray Beach, FL 33444

K. Eckel MAY - 7 2007

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2

CBS FINANCIAL, CPA, PA
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

COMPREHENSIVE BUSINESS AND INDIVIDUAL FINANCIAL SOLUTIONS

August 1, 2001

Florida Department of State
Division of Corporations
Annual Reports Filings/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Oliveira's Enterprises, Inc.
Form: 2004, 2005 and 2006 Uniform Business Reports
Document #: P04000132630

Dear Madam/Sir,

We have been retained by the above referenced taxpayer recently as his CPA Firm.

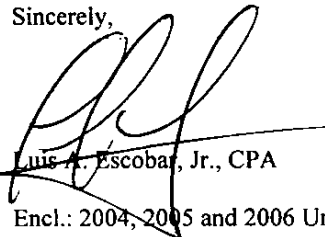
During our initial interview with the taxpayer it was discovered that they never received the Florida's 2002 Uniform Business Report; therefore, they had not filed it. Please note that the taxpayer has moved and has a new mailing address.

Please find enclosed the properly completed 2004, 2005 and 2006 Uniform Business Reports and a check payable to the Florida Department of State in the amount of \$450.00.

Please abate any late filing fees or other penalties. Las Marias' Restaurant, Inc. did not intend to file late.

Please do not hesitate to contact our offices if you have any questions.

Sincerely,



Luis A. Escobar, Jr., CPA

Encl.: 2004, 2005 and 2006 Uniform Business Report