

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000023240**

1. Corporation Name

PIEDRAHITA ENTERPRISES, INC.

Principal Place of Business

7463 S.W. 8TH STREET
 MIAMI FL 33144

Mailing Address

7463 S.W. 8TH STREET
 MIAMI FL 33144

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/22/1995

5. FEI Number

65-0568078

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status



REINSTATEMENT 03

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SD	PIEDRAHITA, JOSEFINA	11001 S.W. 69TH TERRACE	MIAMI FL 33173
VTD	PIEDRAHITA, CARLOS	11001 S.W. 69TH TERRACE	MIAMI FL 33173
PD	PIEDRAHITA, ANGELA	11001 SW 69TH TERRACE	MIAMI FL 33173

900023764339
 10/13/03--01093--005 **150.00

8. Name and Address of Current Registered Agent

PIEDRAHITA, JOSEFINA
 11001 S.W. 69TH TERRACE
 MIAMI FL 33173

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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. or 617.0505, F.S.

Signature of Registered Agent

Josefina Piedrahita
 REGISTERED AGENT MUST SIGN

Date 10-09-03

11. 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:

Josefina Piedrahita
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-09-03 Daytime Phone # (386)306 4014

CR2E040 (7/03)

Miami, October 9, 2003

Division of Corporations
Annual Report / Reinstatement Section

I would like to let you know that Piedrahita Enterprises is under Josefina Piedrahita's management since January 2003. Unfortunately, she is an elderly person who does not speak or read English fluently; In addition, the corporation annual report application was NOT received over the mail; therefore, we failed to file our 2003 corporation annual report/uniform business report. Enclose

I want to apologize for any inconvenience and I look forward to give a prompt response to every correspondence directed to "Piedrahita Enterprises". I will appreciate your help on dealing with this case.

Enclosed you will find the original fee check by the amount of \$150.00

Please contact me, Carlos Piedrahita, for all matters regarding Piedrahita Enterprises.
Phone Number: (305) 226 1764
Cell Number: (786) 306 4014
Address: 15008 SW 32 St. Miami, Florida, 33185

Thanks in Advance



CARLOS PIEDRAHITA