

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 15 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 22849

1. Corporation Name

291 CORPORATION

2. Principal Office Address

1506 SW 143 Ct.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33184

Country

3. Mailing Office Address

1506 SW 143 Ct.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33184

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0152502

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

CHIRINO, JUAN

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

1506 SW 143 Ct.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33184

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

Date

REGISTERED AGENT MUST SIGN

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
P	CHIRINO, JUAN		
S	SILVA, ALBERTO		
T	HERNANDEZ, ANA		
VP	CHIRINO, LUIS F.		
-	1506 SW 143 Ct.		
	MIAMI, FL 33184		

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

Date

Daytime Phone #

10/07/03

2/12/10

CR2E081 (10/02)

October 7, 2003

Florida Department of State
Tallahassee, FL. 32302-1500

Re: 291 CORPORATION
Corporation Reinstatement.

Gentlemen:

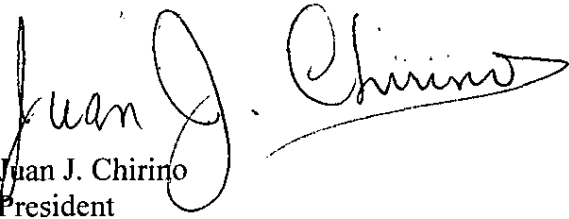
Enclosed please find "Corporation Reinstatement" form, and check for \$ 150.00 representing 2003 Annual Fee of above named corporation.

We respectfully request the waiver of the late fee charged, because we never received the annual reports. The Annual Reports were addressed to the location of a business that was sold by our family, and probably were thrown away.

Last week our accountant noticed that we had not paid the 2003 and brought it to our attention. In the reinstatement form we show our new address.

Please, we hope you will be able to abate the penalty required.

Yours truly


Juan J. Chirino
President