

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAR -1 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 317336

1. Corporation Name

Mechoso Store, Inc.

2. Principal Office Address

1672 S.W. 8 Street

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33135

Country

U.S.

3. Mailing Office Address

1672 S.W. 8 Street

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33135

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/67

5. EEL Number

59-1165874

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Julio Mechoso

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

1601 S.W. 12th Ave

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33135

800005096718-3

-03/12/02--01038--023

******300.00 ****300.00**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/14/02

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	Mechoso, OSCAR L.	6750 S.W. 15th ST	MIA FL.
VD	Mechoso, Amelio E	611 S.W. 24th Rd	MIA FL.
SD	BAEZ, LAYDA	1145 S.W. 12th ST	MIA FL.
PD	Mechoso, Julio B	1601 SW 12th Ave	MIA FL.
TD	Mechoso, OSVALDO	134 NW 26th Ave	MIA FL.

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/02

Daytime Phone #

(305) 541 8000

CR2E081 (9/01)