PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 17 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 506739

1. Corporation Name

FLORIDA CHAIN CORP.

Principal Place of Business	Mailing Address
5356 W 14TH LANE HIALEAH FL 33012 US	~~5356 WEST 14TH ST.~~ ~~HIALEAH FL 33010~~

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: HIALEAH FL	
Zip	Country	Zip: 33012	Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 07/08/1976

5. FEI Number: 59-1685724 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTS	RAMIREZ, ONELIO	5356 WEST 14TH LANE	HIALEAH FL
			300003063633--3 -12/07/99--01097--023 *****750.00 *****750.00
			LS

8. Name and Address of Current Registered Agent

RAMIREZ, ONELIO
5356 WEST 14 LANE
HIALEAH FL 33012

9. Name and Address of New Registered Agent

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

CR2E040 (8/99)

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: SIGNATURE REQUIRED — Date: 11/15/99

REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED — 11/15/99 — (305)821-7885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016036 AF