

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

04 JAN -2 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **508690**

1. Corporation Name

**CHIMIA COMPANY**

Principal Place of Business

Mailing Address

P.O. BOX 557065  
MIAMI FL 33255-4065

P.O. BOX 557065  
MIAMI FL 33255-4065

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/07/1976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1677515

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
PD	TRAVIESO, RAIMUNDO	15023 SW 89 TERRACE RD	MIAMI, FL 00000
STD	TRAVIESO, MARIA I	15023 SW 89 TERRACE RD	MIAMI, FL 00000

800025940778  
01/02/04--01056--010 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRAVIESO, RAIMUNDO J  
15023 S.W. 89TH TERRACE RD.  
MIAMI FL 33196

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Raimundo J. Travieso*

Date 12-15-03

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:

*Raimundo J. Travieso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-15-03

CR2E040 (7/03)

CHAMIA Co.

P.O. BOX 557065

MIAMI, FL 33155

TO DEPT. OF STATE:

PLEASE WAIVE THE  
RENEWAL FEE, AS I  
DID NOT RECEIVE THE TWO PRIOR  
UNIFORM BUSINESS REPORTS NOTICES.  
THANK YOU.

Amir Z. J. -

RAMONDO J. TRINIS

PRESIDENT