

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -9 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18192

DOCUMENT # 513048

1. Corporation Name

NOVO & SONS INCORPORATED

2. Principal Office Address

4470. S.W. 2. ST.

Suite, Apt. #, etc.

City & State

miami fl

Zip

33134

Country

MIAMI

3. Mailing Office Address

4470. S.W. 2. ST

Suite, Apt. #, etc.

City & State

miami fl

Zip

33134

Country

MIAMI

4. Date Incorporated or Qualified To Do Business in Florida

08-19-1976

5. FEI Number

59-1701880

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

Novo-Josephine

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

4470. S.W. 2. ST

Suite, Apt. #, Etc.

miami

City

400004334294-4

05/30/01 01052-010

\*\*\*300.00 \*\*\*300.00

fla 33134

State  
FL

Zip Code

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  
J. Josephine Novo

Date 05-08-01

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:	NOVO ROBERTO	4470. S.W. 2. ST	MIAMI-FL 33134
TS:	NOVO-Josephine	4470. S.W. 2. ST.	MIAMI-FL 33134
			SP

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: Robert Novo = 5-8/01 = 305-444-7177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10292

NOVO & SONS INCORPORATED  
4470 NW 2nd Street  
Miami, Fl 33134

May 7, 2001.

DIVISION OF CORPORATION  
P.O. Box 6327  
TALLAHASSEE, Fl 32314

Dear Sirs:

This letter is according to our telephone conversation.

Due to our change of address we did not receive the Uniform Business Report for the years 2000 and 2001. It is for the reason we did not make the payments for these years.

Please take under consideration that it was a involuntary mistake. We ask that you please excuse us from any penalties for the reinstatement of this corporation, incorporated in 1976 and never paid late.

Thank you in advance.

Sincerely,

Roberto Novo  
-Roberto Novo  
President