

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

1996 NOV 20 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 551359

1. Corporation Name

PRAZER, INC.

W96-23322

100002011831--5  
-11/22/96--01009--007  
\*\*\*\*\*575.00 \*\*\*\*\*575.00

Principal Place of Business

Mailing Address

7601 E. TREASURE DR  
#1023  
N. BAY VILLAGE, FL 33141

SAME  
4

REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

7601 E TREASURE DR

Suite, Apt. #, etc.

1023

3. New Mailing Address, If Applicable

7601 E TREASURE DR

Suite, Apt. #, etc.

1023

City & State

N BAY VILLAGE FL

City & State

N BAY VILLAGE

Zip

33141

Country

USA

Zip

33141

Country

USA

5. FEI Number

65-0367755

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	MANOEL C.M. VIEIRA	1581 BRICKELL AVE #1005	MIAMI FL 33129
T	MANOEL C.M. VIEIRA	1581 BRICKELL AVE #1005	MIAMI FL 33129
S	MANOEL C.M. VIEIRA	1581 BRICKELL AVE #1005	MIAMI FL 33129
V	MANOEL C.M. VIEIRA	1581 BRICKELL AVE #1005	MIAMI FL 33129
D	MANOEL C.M. VIEIRA	1581 BRICKELL AVE #1005	MIAMI FL 33129

8. Name and Address of Current Registered Agent

ALBORNOS & SEGLEDO  
901 Ponce de Leon  
Suite 701  
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name JACQUELINE S. SPANES  
Street Address (P.O. Box Number is Not Acceptable) 7601 E TREASURE DR 1023  
Suite, Apt. #, Etc. 1023  
City N BAY VILLAGE State FL Zip Code 33141

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

Jacqueline S. Spanes

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Jacqueline S. Spanes President

10/21/96

305-2650727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #