

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -1 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **654756**

1. Corporation Name

Pedro G. Aguilera, Inc.

2. Principal Office Address

445 Seabreeze Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

445 Seabreeze Ln.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL.

Zip

34983

Country

U.S.A.

City & State

PORT ST. LUCIE, FL.

Zip

34983

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1969837

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

Pedro G. Aguilera

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

445 Seabreeze Ln.

Suite, Apt. #, Etc.

City

PORT ST. LUCIE

State

FL

Zip Code

34983

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

Pedro G. Aguilera

REGISTERED AGENT MUST SIGN

Date

Oct. 27, 2004

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 | Pedro G. Aguilera | 445 Seabreeze Ln. | PORT ST. LUCIE, |
| | | | FL. 34983 |
| | | | |
| | | | |
| | | | |
| | | | |

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:

Pedro G. Aguilera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro G. Aguilera

Date

Oct. 27/04 (772) 216-1409

Daytime Phone #

CFR2081 (01/04)

TELEPHONE: 305-513-3639
FAX: 305-513-4122

CABANAS & ASSOCIATES, P.A.
ACCOUNTING, TAX PLANNING & PREPARATION
SQUARE ONE BUSINESS CENTER
10520 N.W. 26TH STREET
SUITE C-201
MIAMI, FLORIDA 33172

MEMBER OF
NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS
FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

October 27, 2004

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: PEDRO G. AGUILERA, INC.
DOCUMENT # 654756

Gentlemen:

We are the Accountants for the above-referenced Corporation and have been asked by our client to correspond with you concerning their late filing of their Annual Report for the year 2004.

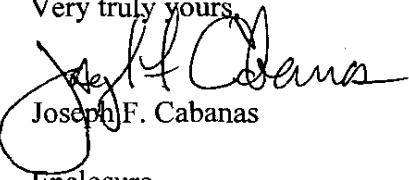
Please note that our client requests amnesty and abatement of the \$750.00 penalty. They never received the Annual Report application due to the fact that they moved at the beginning of 2004.

We are enclosing a signed Annual Report Form with a check for \$150.00 for the original filing fee.

We respectfully request that you please consider the above circumstances and abate the late filing penalty.

Thank you for your attention to this matter.

Very truly yours,


Joseph F. Cabanas

Enclosure