

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT -2 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F16333**

1. Corporation Name

ALVAREZ + LOPEZ CORPORATION

100004661461--5
-10/31/01--01069--008
****758.75 ****758.75

2. Principal Office Address

4817 N. HALE AVE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip Country

33614 USA

3. Mailing Office Address

4817 N. HALE AVE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip Country

33614 USA

REINSTATEMENT 2001

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2051263

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

ALVAREZ, PEDRO R.

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

4817 N. HALE AVE

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code

33614

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

X Pedro R. Alvarez

REGISTERED AGENT MUST SIGN

Date **10/1/2001**

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
PD	PEDRO R. ALVAREZ	4817 N. HALE AVE	TAMPA, FL 33614
SV	FELIX M LOPEZ	4817 N. HALE AVE	TAMPA, FL 33614

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 R. Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/2001
Date

(813) 876-0695
Daytime Phone #

CR2001 (8/00)