

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 31 PM 4: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F16333

**1. Corporation Name**

Alvarez & Lopez Corporation

200009770312  
12/31/02--01070--007 \*\*158.75

**2. Principal Office Address**

3501 N. Florida Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33603

Country

USA

**3. Mailing Office Address**

3501 N. Florida Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33603

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1-16-81

**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)

3501 N. Florida Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33603

**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

*[Signature of Pedro R. Alvarez]*

Date 12/23/2002

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,D	Pedro R. Alvarez	3501 N. Florida Ave.	Tampa, FL 33603
S,V	Felix M. Lopez	3501 N. Florida Ave.	Tampa, FL 33603

**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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/2002 (813) 248-0345

Date

Daytime Phone #

CR2E081 (9/01)

**ALVAREZ & LOPEZ, CORP.**

**3501 N. Florida Ave.**

**Tampa, FL 33603**

**(813) 228-0345**

December 23, 2002

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

Re: Alvarez & Lopez Corp., Document F16333, EIN-59-2051263

Gentlemen:

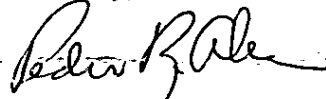
Per our conversation today, enclosed please find Corporation Reinstatement for Alvarez & Lopez, Corp. for 2002. Enclosed also is our check in the amount of \$158.75 for the 2002 annual fees and certificate of status.

We are at this time requesting that you waive the late filing penalties since we never received the notices for the corporation for 2002. Our business moved and apparently we never received the forms. We understand that since we did not receive the forms we are entitled to request a waiver of the reinstatement fee.

Your help in resolving this matter will be greatly appreciated.

If you have any questions or require additional information please call me.

Sincerely,



Pedro R. Alvarez  
President

PRA/rjc