

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F47927

1. Corporation Name

Agustin Reyes, Inc.

2. Principal Office Address

2307 W 77th St

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33016

Country

USA

3. Mailing Office Address

2307 W 77th St

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33016

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1981

5. FEI Number

59-2127447

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

FILED
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MAHARAJA STATE
TALLAHASSEE, FLORIDA

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03/16/06--01003--007 ***450.00

04-06

7. Name and Address of Current Registered Agent

Name

Agustin W Reyes III

Street Address (P.O. Box Number is Not Acceptable)
1481 NE 104 Street

Suite, Apt. #, Etc.

City

Miami Shores

State

FL

Zip Code

33138

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

Date

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
PSD	Agustin W Reyes III	1481 NE 104 ST	Miami Shores, Florida 33138
VT	Carlotta Loero	1424 SW 154 CT	Miami, Florida 33179
	<i>[Signature]</i>		

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 contained in Chapter 119, 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:

Carlotta Loero

CARLOTTA LOERO

2-22-06

305-558-8870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



AGUSTIN REYES, INC.

2307 WEST 77 STREET
HIALEAH, FLORIDA 33016

(305) 558-8870 TELEPHONE
(305) 558-7723 FAX

February 22, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

To Whom It May Concern:

Please accept this letter as a petition to waive the \$600.00 reinstatement fee. The reason for our request to waive the reinstatement fee was because we never received the Uniform Business Report for 2004. If we would have received the form we would have sent it back immediately as in the previous years.

Our company has been registered since 1981 and we have no intention of dissolution.

Thank you in advance for your prompt attention to this matter. Should you have any question please do not hesitate in contacting our office.

Sincerely,

Carlotta Loero
Vice President