

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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04-06

CR2E081 (12/05)

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.		3. Mailing Office Address 2307 W 77th St Suite, Apt. #, etc.	
City & State Hialeah, Florida		City & State Hialeah, Florida	
Zip 33016	Country USA	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 <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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