

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JAN -6 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F87165**

1. Corporation Name

PEREZ INVESTMENTS & DEVELOPMENTS, INC.

Principal Place of Business

Mailing Address

478 BOXWOOD CT.
KISSIMMEE FL 34743-9003

478 BOXWOOD CT.
KISSIMMEE FL 34743-9003



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2276832

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	PEREZ, HUGO	478 BOX WOOD COURT	KISSIMMEE FL
VD	DE PEREZ, AMALIA	478 BOX WOOD COURT	KISSIMMEE FL
VD	PEREZ, HUGO, JR	478 BOX WOOD COURT	KISSIMMEE FL
TD	PEREZ, JAVIER	478 BOX WOOD COURT	KISSIMMEE FL
S	FERNANDEZ, AURORA	128 PANSY CT.	KISSIMMEE FL NO MORE
			300002051343--S -01/08/97--01116--002 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~FERNANDEZ, PEDRO~~
~~478 BOXWOOD COURT~~
~~KISSIMMEE FL 32743~~

Name

MR. HUGO PEREZ JR.

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

478 BOXWOOD CT.

Suite, Apt. #, Etc.

KISSIMMEE FL.

City

KISSIMMEE FL.

State

FL

Zip Code

32743

REINSTATEMENT

1996

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

DEC 30 96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DEC 30 96

CT12E040 (7/96)