

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G 62798**

1. Corporation Name

Nieto Sales Corporation

2. Principal Office Address

530 NW 26 St

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33127

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09-22-1983

5. FEI Number

59-2326555

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 87-04

7. Name and Address of Current Registered Agent

Name

Lidia Perez

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

530 NW 26 street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33127

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

Lidia Perez

REGISTERED AGENT MUST SIGN

Date

03-09-04

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	Lidia Perez	530 NW 26 St	Miami, FL 33127
S	Raisa Nieto	530 NW 26 St	Miami, FL 33127

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)(l), 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:

Lidia Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03-09-2004

Daytime Phone #

CR2081 (01/04)