

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



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

APPROVED
AND
FILED

97 DEC -3 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J16184

1. Corporation Name

TRAPOS INC.

97 AR

Principal Place of Business

% ESPERANZA HERNANDEZ
4555 EAST 10th COURT
HIALEAH, FL. 33013

Main Address

SAME

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1986

5. FEI Number

59-2646958

Applied For

Not Applicable

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PD | HERNANDEZ, ESPERANZA | 1486 SW 134th Place Miami, FL. 33013-2105 | |
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| | | | |

300002366813-7
-12/09/97-01057-015
****165.00 ****165.00

A. Adams
12/3/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Same as above

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 X

REGISTERED AGENT MUST SIGN

Date

11/12/97

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

ESPERANZA HERNANDEZ
PRESIDENT

11/12/97
Date

305 681-6799
Daytime Phone #

pg. 2 of 2

**TRAPOS INC.
4555 EAST 10TH COURT
HIALEAH, FL 33013**

November 7, 1997

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

REF: Document #J16184

Gentlemen:

Attached please find the Reinstatement Form for my corporation. Please be advised that we have moved to a different location since the beginning of this year. Due to this fact we never received the Annual Report for 1997 even though we had changed our mailing address through our local post office.

At this time I am requesting that you abate the Reinstatement Fee and the Corporate Supplemental Fee since we did not know that we had to notify your department of this change. We thought that making the change through our local post office would of been sufficient. Enclosed is our check # in the amount of \$165.00 to cover the filing fee for this year.

I will assure you this error will not happen again and requesting your consideration for abatement I remain,

Sincerely,


Esperanza G. Hernandez