

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUN -8 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 07972

1. Corporation Name

ALBELO GRAPHICS, INC.

2. Principal Office Address

8181 N.W. 36 Street
Suite, Apt. #, etc.

Suite 29

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Office Address

8181 N.W. 36 Street
Suite, Apt. #, etc.

Suite 29

City & State

Miami, FL

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1987

5. FEI Number

65-0020649

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-01

7. Name and Address of Current Registered Agent

Name

CLARA PEREZ

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

8181 N.W. 36 Street
Suite, Apt. #, Etc.

City

Suite 29

Miami

000004488430-2

-07/20/01--01102--086

***1050.00 ***1050.00

000004488430-2

-07/20/01--01102--087

*****8.75 *****8.75

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

Clara Perez
REGISTERED AGENT MUST SIGN

Date 4/23/01

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	CLARA PEREZ	8181 NW 36 STREET SUITE 29 Miami	Fl. 33166
V	MIREYA ALBELO	8181 NW 36 STREET SUITE 29 Miami	Fl. 33166

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)(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:

Clara Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/01

Daytime Phone #

305-477-8953

CR2E081 (9/00)