

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 22 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K81553

1. Corporation Name

Pilar Enterprises Inc.

10381 SW 186 Street
P.O.Box 941565

2. Principal Office Address

10381 SW 186 Street

3. Mailing Office Address

P.O.Box 941565

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33197

Country

Dade

Zip

33194

Country

Dade

4. Date Incorporated or Qualified

To Do Business in Florida 04/19/1989

5. FEI Number

650121143

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Southwest Accounting

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

10381 SW 186 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33197

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

[Signature]

Date

11-15-04

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
PST	Maria Pilar Lopez	P.O.Box 940906	Miami, Florida 33194
VP	Noel Lopez	P.O.Box 940906	Miami, Florida 33194

000042932050
11/22/04--01069--021 **158.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-15-04 (1286)
326-2428

CR2E081 (01/04)

PiLaR ENTerprises Inc.

10381 Southwest 186 Street, Miami Florida, 33197

Mailing address P.O. Box 941565

Office (786) 326 - 2428

fax (305) 227 - 7975

24Pil@bellsouth.net

November 13, 2004

Department of State
Division of State
409 East Gaines Street
Tallahassee, Fl. 32399

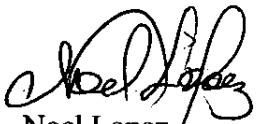
Re: Business Annual Report
Pilar Enterprises Inc.
Document # K 81553

To whom it may Concern:

Through this letter we would like to request waiving of late fee filling on Pilar Enterprises Inc., due to the fact we did not receive the renewal form sent by your office every year as a reminder..

Your assistance in this matter would be greatly appreciated.

Respectfully,



Noel Lopez
Pilar Enterprises Inc.