

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 JAN 12 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K83225

1. Corporation Name
PEARL COLLECTION, INC.

Principal Place of Business

7405 WEST 2ND COURT
HIALEAH FL 33012

Mailing Address

7405 WEST 2ND COURT
HIALEAH FL 33012

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

2. New Principal Office Address, If Applicable

3655 N.W. 71st STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33147

Country

3. New Mailing Office Address, If Applicable

3655 N.W. 71st STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33147

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/1989

5. FEI Number

65-0162165

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
P	PEREZ SR., ADOLFO	3701 W. 1ST AVENUE	HIALEAH FL
TR	PEREZ, ADA	3701 W. 1ST AVENUE	HIALEAH FL
S	PEREZ JR., ADOLFO	5840 W. 3RD LANE	HIALEAH FL

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

PEREZ SR., ADOLFO
3701 W. 1ST AVENUE
MIAMI FL 33012

9. Name and Address of New Registered Agent

Name

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

Adolfo Ruiz

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Adolfo Ruiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/97)