

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR Re-99  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L55680

1. Corporation Name

REMSONS, INC.

Principal Place of Business

Mailing Address

11034 S.W. 99 CT.  
MIAMI, FL 33176

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

2. New Principal Office Address, If Applicable  
11034 S.W. 99 CT

Suite, Apt. #, etc.

City & State  
MIAMI, FL

Zip  
33176

Country  
US

3. New Mailing Office Address, If Applicable  
2588 S.W. 27th AVE.

Suite, Apt. #, etc.

City & State  
MIAMI, FL

Zip  
33133

Country  
US

4. Date Incorporated or Qualified  
in Do Business in Florida  
03/05/1990

5. FEI Number

65-0363954

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSD	MARTINEZ, NICK A.	11405 S.W. 99 CT.	MIAMI, FL 33176

600002795226-0  
-03/05/99--01005--009  
\*\*\*1200.00 \*\*\*1200.00

8. Name and Address of Current Registered Agent

MARTINEZ, NICK A.

11034 SW 32 Ct. #2  
Miami, FL 33176

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

REGISTERED AGENT MUST SIGN

Date

2/25/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICK MARTINEZ, PRESIDENT 2-10-99 305/442-1193

Date

Daytime Phone #