

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # L78896

1. Corporation Name
ALVAREZ & AMARAL ENTERPRISES, INC.

Principal Place of Business
**2880 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33062**

Mailing Address
**2880 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33062**

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

2. New Principal Office Address, If Applicable
9540 N.W. 32 CT.
Suite, Apt. #, etc.

City & State
SUNRISE, FLORIDA
Zip
33351 Country

3. New Mailing Office Address, If Applicable
9540 N.W. 32 CT.
Suite, Apt. #, etc.

City & State
SUNRISE, FL
Zip
33351 Country

REINSTATEMENT 06-97
DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida
06/08/1990

5. FEI Number
65-0195712 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	ALVAREZ, GUSTAVO R.	2880 E. ATLANTIC BLVD. 9540 N.W. 32 CT.	POMPANO BEACH, FL SUNRISE, FL 33351
SD	AMARAL, JOSEPH, JR.	2880 E. ATLANTIC BLVD. 9540 N.W. 32 CT.	POMPANO BEACH, FL SUNRISE, FL 33351
			000002290780--2
			-09/11/97--01094--003
			***1080.00 ***1080.00
			9-10-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALVAREZ, GUSTAVO R.
2880 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33062

Name
Street Address (P.O. Box Number is Not Acceptable)
9540 N.W. 32 CT
Suite, Apt. #, Etc.
City
SUNRISE
000002290780--2
-09/11/97--01094--003
FL 33351
*****1080.00 ***1080.00**

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

Gustavo R. Alvarez
REGISTERED AGENT MUST SIGN

Date **9-8-97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Gustavo R. Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFICANT OFFICER OR DIRECTOR

9-8-97 (954) 943-4752

CR2E040 (6/95)