

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 MAR -8 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **M11020**

1. Corporation Name

FELIPE CORP.
20835 S.W. 236 STREET
HOMESTEAD, FLA. 33031

2. Principal Office Address

20835 SW 236 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

20835 SW 236 ST.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FLA

City & State

HOMESTEAD, FLA

Zip

33031

Country

U.S.A.

Zip

33031

Country

U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

2-5-1985

5. FEI Number

59-2539376

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUAN FELIPE

300003170449-8

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

20835 S.W. 236 STREET

-03/15/00 -01012-022

*****1200.00 ***1200.00**

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33031

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

JUAN FELIPE

Date

2/20/00

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
PD	JUAN FELIPE	20835 SW 236 STREET	HOMESTEAD, FL 33031
VP	JUAN FELIPE	20835 S.W. 236 STREET	HOMESTEAD, FL 33031
S	JUAN FELIPE	20835 S.W. 236 STREET	HOMESTEAD, FL 33031
			KE

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

JUAN FELIPE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/00 305-248-6898

Daytime Phone #

JUAN FELIPE