

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 NOV 23 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002529

1. Corporation Name

CENCU SODEDA, INC.



REINSTATEMENT 98

Principal Place of Business

~~7160 SCOTT STREET~~
~~HOLLYWOOD FL 33025~~

**4975 E 10TH AVE
HIALEAH, FL 33013**

Mailing Address

~~7160 SCOTT STREET~~
~~HOLLYWOOD FL 33025~~

**P.O. BOX
848457
PEMBROKE PINES
FLORIDA 33084**

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1997

5. FEI Number

☒ 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
P	FELIX, HECTOR	7160 SCOTT STREET	HOLLYWOOD FL 33025 33024
V	ESTEVEZ, JOSE	7160 SCOTT STREET 4768 NW 5TH PL	HOLLYWOOD FL 33025 COCONUT CREEK, FL 33062
S	SANTIAGO, LIDIA	7160 SCOTT STREET 1965 W 54TH ST #C06	HOLLYWOOD FL 33025 HIALEAH, FL 33012
D	ROSA, MAX	7160 SCOTT STREET	HOLLYWOOD FL 33025
D	IMBERT, SOCRATES	7160 SCOTT STREET 19929 NW 13TH ST	HOLLYWOOD FL 33025 PEMBROKE PINES FL 33029
D	BANKS, JOSE	7160 SCOTT STREET 1950 W 54 ST APT 307	HOLLYWOOD FL 33025 HIALEAH FL 33012

8. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name
SEYMOUR SMOLIN
Street Address (P.O. Box Number, Not a Post Office)
751 PARK OF COMMERCE DR.
Suite, Apt. #, Etc.
SUITE 126
City
BOCA RATON, FL 33487
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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/16/98

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/98)