

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000004413

1. Corporation Name

HECTOR D. PEREZ (HDP), IMC.

Principal Place of Business

1001 SW 87th CT
Miami, FL 33174

Mailing Address

1001 SW 87th CT
Miami, FL 33174

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

January 13, 2000

5. FEI Number

65-1047357

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 3	City / State / Zip 4
P	PEREZ, HECTOR D.	1001 SW 87th CT	Miami, FL 33174

600009721606
12/30/02--01002--027 **300.00

8. Name and Address of Current Registered Agent

BREMER, JOSEPH
1614 SW 1st St.
Miami, FL 33135

9. Name and Address of New Registered Agent

Name

HECTOR D. PEREZ

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

1001 SW 87th CT

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33174

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

11. 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

Date

Daytime Phone #

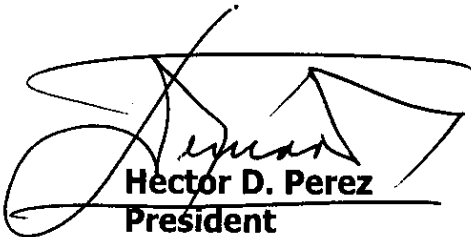
2002

Florida Department of Revenue
Division of Corporations
P O Box 1500
Tallahassee, FL 32302-1500

Gentlemen,

Please take this letter as a formal request to abate penalty assessed to our corporation for not filing the Uniform Business Report for 2001/2002 due to the fact that there was an error in the address and we did not received the Uniform Business Report. **Our address is 1001 SW 87th Court, Miami, FL 33174.** Consequently, your Division dissolved the corporation.

Attached you will find check for the amount of US\$ 300.00 that cover year 2001 and 2002.



Hector D. Perez
President