

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -3 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000014540

1. Corporation Name

PECES ORNAMENTALES "EL TIPLE", INC.

Principal Place of Business

Mailing Address

~~1101 BRICKELL AVENUE
SUITE 1100
MIAMI FL 33131~~

~~1101 BRICKELL AVENUE
SUITE 1100
MIAMI FL 33131~~

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.
2505 N. Hialeah Rd

Suite, Apt. #, etc.
4333 Magnolia Ridge Dr

City & State
Cooper City, FL

City & State
Weston, FL 33331

Zip
33026

Country
USA

Zip
33331

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/2000

5. FEI Number

52-2216122

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
D	OROZCO, JUAN PABLO	1101 BRICKELL AVENUE	MIAMI FL 33131
D	OROZCO, Juan Pablo	2505 N Hialeah Rd,	Cooper City, FL 33026

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~PENA, J. DAVID~~

~~1101 BRICKELL AVENUE~~

~~SUITE 1100~~

~~MIAMI FL 33131~~

Juan Pablo OROZCO
4333 MAGNOLIA Ridge
Dr
WESTON, FL 33331

Name

~~Pena, J. David~~ Juan Pablo OROZCO

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

~~1101 Brickell Avenue~~ 4333 Magnolia Ridge Dr

Suite, Apt. #, Etc.

~~Suite 1100~~

City

~~Miami~~ Weston

State

FL

Zip Code

33331

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/21/03

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:

Juan Pablo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/03

Date

Daytime Phone #

432 2960