

APPLICATION  
FOR



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

DOCUMENT # **P00000020438**

1. Corporation Name

**STUMP GRINDERS BY PETER INC.**

Principal Place of Business

~~2951 SW 39 AVE~~  
~~MIAMI FL 33134~~

Mailing Address

~~2951 SW 39 AVE~~  
~~MIAMI FL 33134~~

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

2. New Principal Office Address, If Applicable

~~PEDRO RODRIGUEZ~~  
~~Suite, Apt. #, etc.~~  
~~3720 S.W. 89th Ave~~

3. New Mailing Office Address, If Applicable

~~SAME~~  
~~Suite, Apt. #, etc.~~

City & State  
~~Miami, FL~~

City & State

Zip ~~33165~~ Country ~~USA~~

Zip. Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/22/2000**

5. FEI Number

~~65-098 6846~~

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	4 City / State / Zip
D	OTERO, ALDO	5280 SW 89 AVE	COOPER CITY FL 33328
D	RODRIGUEZ, PEDRO	2951 SW 39 AVE	MIAMI FL 33134

**3000004640029--8**

**-10/17/01--01067--027**

**\*\*\*\*150.00 \*\*\*\*150.00**

**01 4BR 18**

8. Name and Address of Current Registered Agent

**GONZALEZ, FRANK**  
**1285 W 78 TERR**  
**HIALEAH FL 33014**

9. Name and Address of New Registered Agent

Name **PEDRO RODRIGUEZ**

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

**3720 S.W. 89th Ave.**

Suite, Apt. #, Etc.

City

**Miami,**

State

**FL**

Zip Code

**33165**

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]*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **12-12-01**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-12-01**

Date

Daytime Phone #

Page 202

Stump Grinders by Peter, Inc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

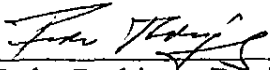
October 09, 2001

RE: Request for waiver of \$750.00 Fee  
Due to illness, Still re-cooperating from  
Accident. Also never received Business  
Report to file due to change of address.  
Please make necessary changes.

Enclosed please find a money order for \$150.00 (Dollars) for the fees, If you accept the  
waiver I'm requesting for reinstatement of my corporation to take place.  
Please advice as soon as possible.

I appreciate your help on this matter, when I called Tallahassee I forgot to ask for the  
person's name that I spoke to over the phone.

Thank you for your consideration on this matter at hand.

  
Pedro Rodriguez/President