

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001  
APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000025269

1. Corporation Name

MEMORIES 4 LESS INC.

Principal Place of Business

Mailing Address

8758 S.W. 12TH ST.  
MIAMI FL 33174

8758 S.W. 12TH ST.  
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

8764 SW 12 STREET

3. New Mailing Office Address, If Applicable

8764 SW 12 STREET

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

208

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33174

Country

USA

Zip

33174

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/10/2000

5. FEI Number

65-0989642

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
PD	ALVAREZ, ADRIAN	8758 S.W. 12TH ST.	MIAMI FL 33174
PD	A/VAREZ, ADRIAN	8764 SW 12 ST. 208	MIAMI, FL 33174
			500004718575--1 12/11/01 01051-007 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

ALVAREZ, ADRIAN  
8758 S.W. 12TH ST.  
MIAMI FL 33174

9. Name and Address of New Registered Agent

Name  
ALVAREZ, ADRIAN  
Street Address (P.O. Box Number is Not Acceptable)  
8764 SW 12 STREET  
Suite, Apt. #, Etc.  
208  
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

11/01/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/01 (706) 402 8436

Date

Daytime Phone #