

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 12 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000027640

1. Corporation Name

PRIMO HERMANOS, INC.

2. Principal Office Address

17654 S.W. 20 Street

3. Mailing Office Address

P.O. Box 821700

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Pembroke Pines, FL

Zip

33029

Country

USA

Zip

33082-1700

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/20/00

5. FEI Number

65-1107343

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

400028639064
02/12/04--01008--032 **750.00
4/16/2003 646 15000
400028639064
02/12/04--01008--031 **8.75

7. Name and Address of Current Registered Agent

Name

ACHARANDIO, OSCAR

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

3550 Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 405

City

Miami

State
FL

Zip Code

33137

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2/5/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ACHARANDIO, OSCAR	17657 S.W. 20 Street	Miramar, FL 33029

10. 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:

OSCAR ACHARANDIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04

Date

(305) 576-5373

Daytime Phone #

CR2E081 (01/04)