

APPROVAL  
AND  
STAMP

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 NOV 31 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000043798

1. Corporation Name

Speedy G's Corp.

2. Principal Office Address - No P.O. Box #

3620 S.W. 2 st

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 33135

City & State

Zip

33135

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Jorge J. L. Dominguez

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

3620 SW 2st

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33135

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10-25-07

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
Pr	Jorge "George" Lopez Dominguez	3620 S.W. 2st	Miami, FL 33135

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 contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-25-07

Daytime Phone #

000111552560  
10/31/07--01045--004 \*\*750.00  
**REINSTATEMENT** 03-07

4. Date Incorporated or Qualified To Do Business in Florida

5-2-2000

5. FEI Number

651005537

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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