

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 13 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000050898**

1. Corporation Name

PLANET INTERNATIONAL, Inc.

2. Principal Office Address

10870 SW 89th ST

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33176

Country

MIAMI - Dade

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33176

Country

MIAMI

800012459118
02/13/03--01032--010 **1050.00

REINSTATEMENT

01-03

4. Date Incorporated or Qualified
To Do Business in Florida

5/23/2000

5. FEI Number

65-1010981

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for Certificate of Status**

7. Name and Address of Current Registered Agent

Name

CARLOS GRACIANI

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

10870 SW 89th ST

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33176

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

2/7/03

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
P/D	CARLOS GRACIANI	10870 SW 89th ST MIAMI	MIAMI FL 33176
S/D	JESUS HERNANDEZ	10870 SW 89th ST	MIAMI FL 33176

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/7/03

Daytime Phone #

305-282-0822

CR2E081 (10/02)