

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

102
FILED

01 OCT 25 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000057828

1. Corporation Name

POST OFFICE, INCORPORATED

Principal Place of Business

Mailing Address

2225 SOUTHWEST 18TH AVE
MIAMI FL 33145

2225 SOUTHWEST 18TH AVE
MIAMI FL 33145

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/08/2000

5. FEI Number

651022322

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
Chairman	FAUSTO SANCHEZ	1790 Coral Way	MIAMI FL 33145
President	RICK GARCIA	1790 Coral Way	MIAMI - FL 33145
Secretary			

800004579628--2
-11/15/01--01003--003
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAYMES, KEITH ESQ
1320 SOUTH DIXIE HWY STE 1190
CORAL GABLES FL 33146-2942

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED

Date

10/16/01

REGISTERED AGENT MUST SIGN

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
FAUSTO SANCHEZ

Date

Daytime Phone #

10/16/01 (305) 858-9455

CR2040 (8/01)

2062

POST OFFICE, INC.
1790 CORAL WAY
MIAMI, FL 33145

October 16, 2001

Department of State
Division of Corporation
PO BOX 6327
Tallahassee, FL 32314

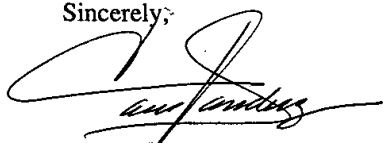
Re: Post Office, Inc. FEI#65-1022322

To Whom It May Concern:

Attached please find our application for reinstatement . The reason that Post Office, Corp. failed to file its 2001 corporation annual report is due to the fact that we never received the noticed thru the mail. Please attached find our check #1350 in the amount of \$150.00 for reinstatement.

If you need any other information please feel free t contact us.

Sincerely,



Fausto Sanchez