

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -1 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000070776

1. Corporation Name

ZERPA & NARVAEZ, CORP.

Principal Place of Business

9837 WEST OKEECHOBEE ROAD #401
HIALEAH GARDENS FL 33016

Mailing Address

9837 WEST OKEECHOBEE ROAD #401
HIALEAH GARDENS FL 33016

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/2000

5. FEI Number

65-1033487

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
P	ZERPA, ALFONSO	1277 CHENILLE CIRCLE	WESTON FL 33327
VP	NARVAEZ, LUIS	9837 W OKEECHOBEE RD., # 401	HIALEAH GARDENS FL 33016
S	ZERPA, YANET	1277 CHENILLE CIRCLE	WESTON FL 33327
T	NARVAEZ, BIRMANIA	9837 W OKEECHOBEE RD., # 401	HIALEAH GARDENS FL 33016

700008756027
11/01/02--01044--013 **150.00

8. Name and Address of Current Registered Agent

NARVAEZ, BIRMANIA
9837 WEST OKEECHOBEE ROAD #401
HIALEAH GARDENS FL 33016

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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
ALFONSO J. ZERPA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ZERPA & NARVAEZ, CORP.

9837 W. Okeechobee Road #401
Hialeah Gardens, Fl 33016

Alfonso Zerpa
President

Office: (305) 556-8446

October 30, 2002

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, Fl 32302-1500

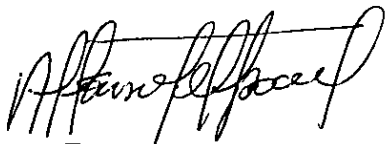
RE: Fed ID# 65-1033487
Document # P00000070776

To Whom It May Concern:

Kindly be advised that we never received the original application for the UBR. We inadvertently forgot to make payment. Please accept the enclosed signed reinstatement form and the check in the amount of \$150.00 dollars. Please waive the late fees.

Thank you in advance for your understanding.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alfonso Zerpa', written over a horizontal line.

Alfonso Zerpa