PLEASE READ	ALL INSTRUCTIONS	S BEFORE C	COMPLETING THIS	FORM.	
APPLICATION FOR FORIDA DEPORTMENT OF STATE Kalle in largis GENERAL DIVISION & CRIPORATIONS				TILED	
DOCUMENT # P0000072811			02 FEB -5 PM 3: 34		
1. Corporation Name			SCORETARY DE STATE. TALETAHASSEE: FLORIDA		
TAGS & PLATES, INC.	÷		INCUM	HAOCE IN WORKER	
Principal Place of Business	rincipal Place of Business Mailing Address				
IO LAKEVIEW DRIVE 240 LAKEVIEW DRIVE JITE 206 SUITE 206 ESTON FL 33326 WESTON FL 33326					
If above addresses are incorrect in any way, line thr 2. New Brincipal Office Address, If Applicable	ough incorrect information and enter		4. Data Incorporated or Qualifica		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	CH DR	Date Incorporated or Qualified To Do Business in Florida	07/31/2000	
City-th-State	City State DIST	CI	5. FEI Number 45-10340763	Applied For Not Applicable	
210 Country Co	JUNKISE,	ry ——	6. CERTIFICATE OF STATUS DESIR	S8.75 - Additional Fce required	
7. Names and Street Addresses of Each Officer and	or Director (Florida nonprofit corpor	ations must list at lea	st 3 directors)		
Title(s) 1 Name of Officers and/or Directors	S) and/or Directors Officer and/or Dire		4	City / State / Zip	
Px Santiago Angu	lo los N Kel Snrise F	th Dr C 35326	Sunris	مر 14 ععميد در 14 عمميد	
MATAN					
		r Park Str.			
			900004 -0271 ****	370201082016 300.00 ****300.00	
			-	LS	
				•	
8Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent		
ANGULO, SANTIAGO 240 LAKEVIEW DRIVE SUITE 206			Street Address (P.O. Box Number is Not Acceptable) 05 KETCH OK Suite Apt # Ftc		
WESTON FL 33326		SUNRI	SC	State Zip Code FL 33326	
10. I, being appointed the registered agent of the about	ve named corporation, am familiar w			FL 33326	
Signature of Registered Agent		SE 8		-19-01	
11. I certify that I am an officer or director or the receive this reinstatement application, the reason for disso owed by the corporation have been paid and the non this application is true and accurate, and my signature.	lution has been eliminated, the corpo ames of individuals listed on this for	orate name satisfies to m do not qualify for a	he requirements of section 607.040 In exemption under section 119.076	1 or 617.0401, F.S., that all fees	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destime Phone #					

Miami October 18, 2001

FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS** Atn. Katherine Harris Po box 6327 Tallahassee, Fl 32314

The reason for this letter is to clarify why we did not pay for the company registration, it was just because we moved and we did not get the notification.

Enclosed please find a check on the amount of \$150.00, for the company reinstatement.

If you have any question regarding the matter, please do not hesitate to reach me at: 305 372 0770.

Best Regards

Santiago Angulo

Tags & plates

305 372 0770