

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 SEP 23 PM 4:58

DOCUMENT # P00000075762

1. Corporation Name

Carlos Palacios, Inc.

2. Principal Office Address

5749-51 Rodman st

Suite, Apt. #, etc.

3. Mailing Office Address

5749-51 Rodman st

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33023

Country

USA

Zip

33023

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Aug. 10, 2000

5. FEI Number

65-1033681

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Palacios, Carlos

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

5749-51 Rodman street

Suite, Apt. #, Etc.

City

Hollywood FL

State

FL

Zip Code

33023

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

Carlos Palacios

Date

9/21/04

REGISTERED AGENT MUST SIGN

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
D	Palacios, Carlos	11185 Sw 6th st Apt 302	Pembroke pines FL 33025
D	Palacios, Maria Isabe	11185 Sw 6th st Apt 302	Pembroke pines FL 33025

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:

Carlos Palacios president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/21/04

Daytime Phone #

781-285-2443

CR2E001 (01/04)