

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -9 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000079290

1. Corporation Name

ARES MICA FURNITURE CORP.

Principal Place of Business

Mailing Address

2379 W 9TH LANE
HIALEAH FL 33010

2379 W 9TH LANE
HIALEAH FL 33010



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

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/2000

5. FEI Number

65-1037556

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
PD Delete	ARES, MANUEL (TREASURER)	2377 W 9TH LANE	HIALEAH FL 33010
VD	ARES, JESUS	2379 W 9TH LANE	HIALEAH FL 33010
PD	CANO, RICARDO	1910 W. 56 Street Apt 3117	HIALEAH FL 33012
			100029897461 03/04/04--01058--005 **150.00
			100029897461 04/12/04--01067--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARES, MANUEL
2377 WEST 9 LANE
HIALEAH FL 33010

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

Feb 28, 2004

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MANUEL ARES

Feb 28, 2004 887 9007

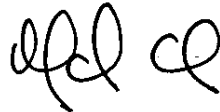
(305)

CP2E040 (7/03)

ARES MICA FURNITURE
2379 WEST 9 LANE
HIALEAH, FL 33010

TO: FLORIDA DEPARTMENT OF STATE

This letter is to request the reinstatement fee be waived as we did not receive the UBR notice. I recently received the second notice 3 days ago from a neighbor that received it in his mail by mistake.



Thank you,

MANUEL ARES, PRES.
