

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



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

02 JUL -1 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000093617

**1. Corporation Name**

Industrial Plating Enterprise Co.

**2. Principal Office Address**

3545 NW 71st Street

**3. Mailing Office Address**

3545 NW 71st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33147

Country

USA

Zip

33147

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

Pending

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 01-02**

**7. Name and Address of Current Registered Agent**

Name

Andres Fernandez

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

3545 NW 71st Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33147

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-07/08/02-01003-028

\*\*\*\*900.00 \*\*\*\*800.00

**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

REGISTERED AGENT MUST SIGN

Date

06/25/02

**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
PSTD	Andres Fernandez	3545 NW 71st Street	Miami, FL 33147

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/25/02 (305) 835-7400

Date

Daytime Phone #

CR2E081 (9/01)