

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P00000095634

1. Corporation Name

WILLIAM CUBIDES, INC.

Principal Place of Business

118 52ND AVE. W.
ST. PETE BEACH FL 33706

Mailing Address

118 52ND AVE. W.
ST. PETE BEACH FL 33706

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.
120 52nd Ave. W.

City & State
St. Pete Beach, FL

Zip
33706

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
120 52nd Ave. W.

City & State
St. Pete Beach, FL

Zip
33706

4. Date Incorporated or Qualified To Do Business in Florida

10/09/2000

5. FEI Number

59-3677956

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
P	CUBIDES, WILLIAM D	118 52ND AVE. W.	ST. PETE BEACH FL 33706
ST	CUBIDES, CARMEN S	118 52ND AVE. W.	ST. PETE BEACH FL 33706
V	CUBIDES, JESSICA M	118 52ND AVE. W.	ST. PETE BEACH FL 33706
V	CUBIDES, NICOLE D	118 52ND AVE. W.	ST. PETE BEACH FL 33706
V	FARFAN, CARLOS E	118 52ND AVE. W.	ST. PETE BEACH FL 33706
V	FARFAN, JUAN S	118 52ND AVE. W.	ST. PETE BEACH FL 33706

8. Name and Address of Current Registered Agent

CUBIDES, WILLIAM D
118 52ND AVE. W.
ST. PETE BEACH FL 33706

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
120 52nd Ave. W.
Suite, Apt. #, Etc.
City
St. Pete Beach
State
FL
Zip Code
33706

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-30-01

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

William D. Cubides
PRESIDENT

Date

10/29/01

Daytime Phone #

727
360-8140

WILLIAM CUBIDES, INC.
120 52ND Ave. W.
St. Pete Beach, FL 33706

CERTIFIED LETTER WITH RETURN RECEIPT

October 30, 2001

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314-6327

Document # P00000095634

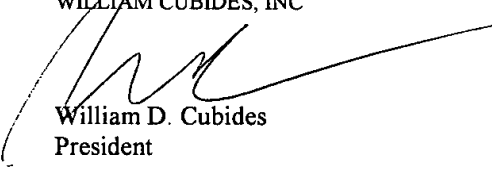
Gentlemen:

Enclosed please find a corporate check, # 2410, in the amount of \$ 150.00 dated October 30, 2001 for the filing of our Annual Uniform Business Report

We apologize for any inconvenience, but we never received the prior reports issued by your institution, I corrected our mailing address for your records.

Your prompt reinstatement of our corporation will be greatly appreciated.

Truly yours,
WILLIAM CUBIDES, INC



William D. Cubides
President