

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC -5 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000095634**

1. Corporation Name

WILLIAM CUBIDES, INC

2. Principal Office Address

14240 PASSAGE WAY

Suite, Apt. #, etc.

City & State

SEMINOLE, Florida

Zip

33776-1001

Country

USA

3. Mailing Office Address

14240 PASSAGE WAY

Suite, Apt. #, etc.

City & State

SEMINOLE, FL.

Zip

33776-1001

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/00

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. Name and Address of Current Registered Agent

Name

CUBIDES, WILLIAM

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

14240 PASSAGE WAY

Suite, Apt. #, Etc.

City

SEMINOLE

State

FL

Zip Code

33776-1001

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-02-02

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
P/T/S	CUBIDES, WILLIAM	14240 PASSAGE WAY	SEMINOLE, FL. 33776-1001

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

12-02-02

Date **12-02-02** Daytime Phone **727-224-9448**

CR2E081 (9/01)

J 12/5

WILLIAM CUBIDES, INC.
14240 Passage Way
Seminole, Fl. 33776-1001

12/2/02

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

To whom it may concern:

This letter is to request a waiver for not being able to receive the UBR form at my current business address.


I did forward my previous address to a po box and latter to my present address, but the 6 months period finished by the time the form was mailed.

Nevertheless, I apologize for the inconvenient caused.

I am including the penalty fee of \$150.00 and additional \$8.75 for the certificate of status I requested.

If you have any questions, please don't hesitate to let me know.

Sincerely,



William Cubides
(president)