

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB -4 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P00000 116309

1. Corporation Name

ARMANDO PEREIRA Enterprises, Corp

2. Principal Office Address

4300 S TAMiami TRAIL

Suite, Apt. #, etc.

City & State

VENICE, FL

Zip

34293

Country

USA

3. Mailing Office Address

4300S TAMiami TRAIL

Suite, Apt. #, etc.

City & State

VENICE, FL

Zip

34293

Country

USA

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 27, 2001

5. FEI Number

05-1076086

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

ARMANDO PEREIRA

200011788372

02/04/03--01071--031 **1058.75

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

3869 WOODMERE PARK Blvd

Suite, Apt. #, Etc.

Apt # 06

City

VENICE

State

FL

Zip Code

34293

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

Armando Pereira

REGISTERED AGENT MUST SIGN

Date

1-31-03

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	ARMANDO PEREIRA	3869 WOODMERE PARK Blvd Apt # 6	VENICE, FL 34293

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

Armando Pereira ARMANDO PEREIRA 1-6-03

Date

Daytime Phone #

1-941-4926191

1-941-4968281

CR2E081 (9/01)

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