

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 APR -4 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000011054**

1. Corporation Name

**CORZO INVESTMENTS CORPORATION**

2. Principal Office Address

**6460 SW 8TH STREET**

3. Mailing Office Address

Suite, Apt. #, etc.  
**N/A**

Suite, Apt. #, etc.

City & State

**WEST MIAMI, FL.**

City & State

Zip

**33144**

Country

**U.S.A.**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/30/2001**

5. FEI Number

☒ 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

**MAX F. CORZO**

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

**6460 SW 8TH STREET**

Suite, Apt. #, Etc.

**N/A**

City

**WEST MIAMI**

State

**FL**

Zip Code

**33144**

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

*See below*

Date **03/31/05**

REGISTERED AGENT MUST SIGN

**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
PRES	MAX F. CORZO	6460 SW 8TH STREET	WEST MIAMI, FL. 33144

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)(l), 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:

*MAX F. CORZO*

MAX F. CORZO

03/31/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

PS 2 82

March 31, 2005

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

Dear Sirs,

The purpose of this letter is to apply for your understanding to get reinstated my Corporation, which presently appears as dissolved.

Certainly I was not aware that an annual report is to be filed with your Division every year and that also a renewal fee should to be paid while the Corporation is active.


I can assure that I have never received a notice from you regarding the above and consequently I did not file any annual report or pay the renewal fee for those years since created and that is why my Corporation has been dissolved. (2002-2005)

I have also known that in this moment the reinstatement cost is a high amount, that I can not afford, but taking into consideration that I have not received any previous advice from you, penalty could be waived. Would you please consider this and abate relevant penalty?

In the hope that you will abate penalty I have attached herewith a check in the amount of \$600.00 covering fees for four years including 2005 and the reinstatement form with my special request for you to accept it and to reinstate my Corporation.

Thanking you in advance for your kind cooperation I remain,

Sincerely,

  
Max F. Corzo - President  
Corzo Investments Corporation

Please note that Victor Ruiz should be deleted from the Corporation's record.