

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000028815

1. Corporation Name

BIPRIAL, INC.

2. Principal Office Address - No P.O. Box #

8156 VIALE MATERA

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

Zip

33467

Country

US

3. Mailing Office Address

8156 VIALE MATERA

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

Zip

33467

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/2001

5. FEI Number
65-1082286

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

FERNANDO PRIETO

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

8156 VIALE MATERA

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

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 **03/10/2008**

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	FERNANDO PRIETO	8156 VIALE MATERA	LAKE WORTH FL 33467

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 contained in Chapter 119, 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:

FERNANDO PRIETO

03/10/2008

561-649-2706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 MAR 11 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400121199194
03/25/08--01022--014 **450.00

REINSTATEMENT 06-08^{KS}

KS

**BIPRIAL, INC.
8156 VIALE MATERA
LAKE WORTH FL 33467**

March 10, 2008

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

**Re: Document # P01000028815
BIPRIAL, INC.**

To Whom It May Concern:

I would like to request that the reinstatement fee for the above referenced corporation be waived. I hereby certify that I had never received any prior notices regarding the corporations annual report filing or dissolution.

Thank you,


Fernando Prieto
President