

19182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT -7 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

W04000036159

DOCUMENT # P01000063093

1. Corporation Name

Abreu Interiors, Inc

13935 NW 1st Ave

13935 NW 1st Ave

2. Principal Office Address

13935 NW 1st Ave

3. Mailing Office Address

13935 NW 1st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fl.

City & State

Miami, Fl.

Zip

33168

Country

US

Zip

33168

Country

US

200041439522

09/29/04--01025--006 **450.00

REINSTATEMENT

Date Incorporated or Qualified
To Do Business in Florida 06/22/2001

5. FEI Number

65-1117796

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

Ray Perez & Associates, PA

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

13935 NW 1st Ave

Suite, Apt. #, Etc.

City

Miami, Fl.

State

FL

Zip Code

33168

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

Raymond G. Perez

REGISTERED AGENT MUST SIGN

Date

10/2/04

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	Liliana Abreu	1229 W 72nd St	Hialeah, Fl. 33014

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

Liliana Abreu / Pres.

09/27/04

Date

305-688-9694

Daytime Phone #

CR2E081 (01/04)