

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 10 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400075218224

05/25/06--01009--001 **150.00

CR2E081 (12/05)

DOCUMENT # 201000068482

1. Corporation Name

A&H Metal Spinning & Polishing Corp

2. Principal Office Address

2109 W 76 ST

3. Mailing Office Address

2109 W 76 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALEAH FLORIDA.

City & State

HALEAH FLORIDA

Zip

33016

Country

USA

Zip

33016

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

651138 057

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

Guillermo Ramirez

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

212 NE 211 TERR.

Suite, Apt. #, Etc.

City

North Miami

State

FL

Zip Code

33179.

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 5-8-06

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
PD	Guillermo Ramirez	212 NE 211 TERR	MIAMI FL. 33179

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guillermo Ramirez

Date

5-8-06 305-557-5599

Daytime Phone #