

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 25 PM 1:48

DOCUMENT # P01000078688

1. Corporation Name

P.E. CHEZ CORPORATION

2. Principal Office Address

9950 SW 88 ST.

3. Mailing Office Address

9950 SW 88 ST.

Suite, Apt. #, etc.

4E

Suite, Apt. #, etc.

4E

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

USA

Zip

33176

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/2001

5. FEI Number

65-1128548

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

ERIK SANCHEZ

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

9950 SW 88 ST.

Suite, Apt. #, Etc.

4E

City

MIAMI

State

FL

Zip Code

33176

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

ERIK SANCHEZ

Date

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
P	ERIK SANCHEZ	9950 SW 88 ST. # 4E	MIAMI, FL 33176
V	PORFIRIO SANCHEZ	9950 SW 88 ST. # 4E	MIAMI, FL 33176

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:

ERIK SANCHEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

UNIFORM BUSINESS REPORT

06-20-03

Dear Fl. Dept of State,

Please accept the enclosed payment of \$300 to cover the annual fee for 2002 and 2003. Please waive the penalty because I never received the Uniform Business Report in the mail.

Thanks,

Erik Sanchez
TEL 1-305-630-2540

ERIK SANCHEZ 9950 SW 88TH ST. #4E MIAMI, FL 33176