

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 27 PH 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000092488

1. Corporation Name

POTATO PLUS, INC.

Principal Place of Business

Mailing Address

1927 N.W. 22ND STREET
MIAMI FL 33142

1927 N.W. 22ND STREET
MIAMI FL 33142

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/2001

5. FEI Number

651146381

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional Fee required
for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVD	CEBALLOS, DOMINGO F	1927 N.W. 22ND STREET	MIAMI FL 33142
STD	LOPEZ, YAMILET	1927 N.W. 22ND STREET	MIAMI FL 33142
			700008947697 11/13/02--01016--006 **150.00
			700008947697 03/27/03--01060--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CEBALLOS, DOMINGO F
1927 N.W. 22ND STREET
MIAMI FL 33142

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-05-02

11. 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
DOMINGO CEBALLOS 11-05-02 (305) 986 9966

Date

Daytime Phone #

CR2040 (8/02)

Potato Plus, Inc.

1927 N.W. 22nd St.

Miami, Florida 33142

January 9, 2003

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

Ref. Number P01000092488

Gentlemen:

As per your telephone instructions I am resubmitting the application for reinstatement of Potato Plus, Inc. and respectfully asking you to waive the balance due of \$600.

The reason for asking to waive the \$600 balance is that I never received any notification or the blank form asking me to file it. The first thing we heard was a penalty notice of \$750 together with the unsigned reinstatement form. The penalty was because this form had never been filed. During early November I spoke to your office and I was told to submit the reinstatement form with a check for \$150 and that would take care of this problem.

Unfortunately, this matter was not resolved. The reinstatement form was returned together with a letter asking for an additional \$600.

It would be appreciated if your department accept this form as filed and waive the \$600 penalty because we never received the form that has to be filed.

Please make sure that the 2003 form is mailed to us so to avoid this erroneous penalty this year,

Sincerely,



Domingo F. Ceballos, President