

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 16 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000102625

1. Corporation Name

A. NUNEZ, INC.

2. Principal Office Address

395 NW SUNVIEW WAY

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE

Zip

34986
FLORIDA

Country

U.S.A.

3. Mailing Office Address

395 NW SUNVIEW WAY

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE

Zip

34986

Country

USA.

CR2ED81 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/01

5. FEI Number

65-1146708

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANTONIO NUNEZ

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

395 NW SUNVIEW WAY

Suite, Apt. #, Etc.

City

PORT ST. LUCIE

State

FL

Zip Code

34986

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

Antonio Nunez

Date 9/10/05

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
PRES	ANTONIO NUNEZ	395 NW SUNVIEWWAY	PORT ST. LUCIE, FL 34986

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:

Antonio Nunez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/05

Date

712 879-7578

Daytime Phone #

A. NUNEZ, INC.
395 NW Sunview Way
Port St. Lucie, FL 34986
(772)879-7578

September 10, 2005

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

Re: Reinstatement of A. Nunez, Inc. Doc.#PO1000102625, FEI # 65-1146708

Dear Sir/Madam:

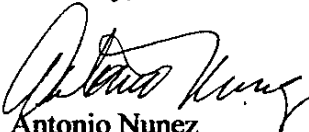
I am applying for the re-instating of **A. Nunez, Inc.**

I changed address and accountant. The new accountant upon review of our documents informed me that the previous accountant had let the Corporation expire and had not communicated that information to me. I would like, upon review of the circumstances, for you to consider waiving the reinstatement fee of \$600.00.

Enclosed is check #1206 for \$608.75 covering the years 2002, 2003, 2004, and 2005 fees and the requested certificate of status.

Should you have any questions, please contact our office at the address printed above.

Sincerely,


Antonio Nunez
President