

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000105357

1. Corporation Name

Elycaza Machine Shop, Inc.

FILED

03 JUL 30 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

3750 NW 28 St

Suite, Apt. #, etc.

Bay 208

City & State

Miami, Florida

Zip

33142

Country

U.S.

3. Mailing Office Address

3750 NW 28 St

Suite, Apt. #, etc.

Bay 208

City & State

Miami, Florida

Zip

33142

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/31/2001

5. FEI Number

590364402

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

Carlos Alberto Zamora

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

3750 NW 28 St

Suite, Apt. #, Etc.

Bay 208

City

Miami

State
FL

Zip Code
33142

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

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/d	Carlos A. Zamora	5228 NW 184th Lane	Miami, Florida 33055
Vp/S/D	Marlene Zamora	5228 NW 184th Lane	Miami, Florida 33055

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

CARLOS A. ZAMORA

07-24-2003 (305) 318 8514

Date

Daytime Phone #

CR2/E081 (10/02)