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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 NOV 30 AM 9:28

DOCUMENT # P02000005373

1. Corporation Name

PIQUE, INC.

2. Principal Office Address

5335 VILLAGE MARKET

3. Mailing Office Address

PO BOX 2689

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

WESLEY CHAPEL

City &amp; State

Peachtree City, GA

Zip

33543

Country

US

Zip

30269

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

01-11-02

5. FEI Number

80-0031130

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

JIMENEZ-MACIAS, JOSE R

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

18417 EASTWYCK DR.

Suite, Apt. #, Etc.

City

TAMPA

State  
FLZip Code  
33647

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

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (For all 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
D, P	JOSE R JIMENEZ-MACIAS	18417 EASTWYCK DR.	TAMPA, FL 33647
D S T	JOSE LUIS JIMENEZ	2586 WOODGREEN DR	ATLANTA, GA 30341
D VP	FAVIAN DE LA PAZ JIMENEZ	2586 WOODGREEN DR	ATLANTA, GA 30341

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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)(f), 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

Date

Daytime Phone #

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DATE: 11-16-2005

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FROM: PIQUE, INC  
JOSE R JIMENEZ MACIAS

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL  
FOR 2004 AND 2005. PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE  
PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 813-907-5161.

THANKS,

X

PIQUE, INC  
JOSE R JIMENEZ MACIAS

*Jose R Jimenez*