

102  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

05 MAR -7 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # D02000015827

**1. Corporation Name**

PAERES ENTERPRISES, INC

**2. Principal Office Address**

2642 N ORANGE BLOSSOM TRAIL

**3. Mailing Office Address**

2642 N ORANGE BLOSSOM TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

Zip

34744

Country

OSCEOLA

Zip

34744

Country

OSCEOLA

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

02/11/2002

**5. FEI Number**

03-0388023

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04-05  
MRS

**7. Name and Address of Current Registered Agent**

Name

SORAYA PAERES

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

2642 N ORANGE BLOSSOM TRAIL

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34744

**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

*Soraya Paeres*

REGISTERED AGENT MUST SIGN

Date 03/01/2005

**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	SORAYA PAERES	2642 N ORANGE BLOSSOM TRAIL	KISSIMMEE, FL 34744
VP	JORGE PAERES	2642 N ORANGE BLOSSOM TRAIL	KISSIMMEE, FL 34744
S	JUAN PAERES	2642 N ORANGE BLOSSOM TRAIL	KISSIMMEE, FL 34744

**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:

*Soraya Paeres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/2005

Date

Daytime Phone #

CR2E081 (01/05)

2082

March 1, 2005

To Whom It May Concern:

**I DID NOT FILED MY ANNUAL REPORT DUE TO THE FACT THAT I NEVER RECEIVED NOTIFICATION VIA MAIL; THUS, THE ADDRESS ON THE CORPORATION IS WRONG, ENCLOSED I'M CORRECTING WITH THE RIGHT ADDRESS. PLEASE, I ASK FOR A WAIVE OF THE PENALTY FOR THIS YEAR.**

THANK YOU.

  
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**SORAYA PAERES (PRESIDENT)**