

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

App 10/12

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000018339**

1. Corporation Name

ALIZO & IBARRA INC.

Principal Place of Business

Mailing Address

900 W 49 ST.
SUITE 524
HIALEAH FL 33012

900 W 49 ST.
SUITE 524
HIALEAH FL 33012

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

16365 Cammi Lane PO Box 267654
Weston FL.
33326 USA

PO Box 267654
Weston FL.
33326 USA

4. Date Incorporated or Qualified To Do Business in Florida

02/18/2002

5. FEI Number

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
PD	ALIZO, ANGEL	900 W 49 ST.	HIALEAH FL 33012
VD	IBARRA, GOIZEDER	900 W 49 ST.	HIALEAH FL 33012
D	MASSAD, JENNY	900 W 49 ST.	HIALEAH FL 33012

REINSTATEMENT *03 TS*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MASSAD, JENNY
900 W 49 ST.
SUITE 524
HIALEAH FL 33012

Name *Angel Alizo*
Street Address (P.O. Box Number is Not Acceptable)
CAMMI LANE
Suite, Apt. #, Etc.
16365
City *WESTON* State **FL** Zip Code **33326**

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

10/15/2003

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:

Angel Alizo
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/2003 954-3472303

CR2E040 (7/03)

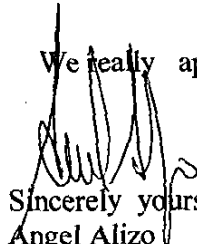
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Alizo & Ibarra Inc.
Po Box 267654
Weston, FL 33326
Phone: (954-347-2303)

Att.
Division of Corporations

We at Alizo & Ibarra Inc. are submitting the application and requesting a waiver of the reinstatement fee because we never receive the letter mailed by you on April 03, 2003 requesting additional information. In addition we also include a copy of the check that was send to you with the original document.

We really appreciate your help and prompt response.


Sincerely yours
Angel Alizo