

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000020417

1. Corporation Name

BIANCO CRUZ, INC.

Principal Place of Business

1601 SOUTHWEST 120TH AVE.
PEMBROKE PINES FL 33025

Mailing Address

1601 SOUTHWEST 120TH AVE.
PEMBROKE PINES FL 33025

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

625 NE 166 St
Suite, Apt. #, etc. 103

3. New Mailing Office Address, If Applicable

625 NE 166 St
Suite, Apt. #, etc. 103

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip

33162

Country

USA

Zip

33162

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

02/19/2002

5. FEI Number

03-0386821

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
D	CRUZ, BIANCO	1601 SOUTHWEST 120TH AVE.	PEMBROKE PINES FL 33025

100025883811
12/31/03--01024--004 **150.00

8. Name and Address of Current Registered Agent

CRUZ, BIANCO
1601 SOUTHWEST 120TH AVE.
PEMBROKE PINES FL 33025

9. Name and Address of New Registered Agent

Name

BIANCO CRUZ

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

625 NE 166 St

Suite, Apt. #, Etc.

103

City

North Miami Beach

State

FL

Zip Code

33162

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 of Registered Agent
REGISTERED AGENT MUST SIGN

Date

12/29/03

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:

Signature of Signing Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/03

Daytime Phone #

754-244-7076

FILED

03 DEC 31 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

12/29/2003

To The Department of State of Florida:

This letter is to inform you that I never received the two prior uniform business report notices. The year of 2002 was my first year as a corporation and I wasn't aware of this matter. If the fees could be waived I would greatly appreciate it and I would take care annual reports in a timely manner in the future.

Thank You,


Bianco Cruz