

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 13 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

200030947432
03/23/04--01106--011 **758.75

DOCUMENT # P02000032514

1. Corporation Name

P60 Accessories Inc.

2. Principal Office Address

20500 W. COUNTRY CLUB DR. 12601 SW. 119 CT

Suite, Apt. #, etc.

619

City & State

Aventura FL

Zip

33180

Country

USA

3. Mailing Office Address

12601 SW. 119 CT

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/25/02

5. FEI Number

051129632

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

GUSTAVO Alzate

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

20500 W. COUNTRY CLUB DR.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33180

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

Gustavo Alzate

REGISTERED AGENT MUST SIGN

Date

03/16/04

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
MR.	Jaime A. Alzate	12601 SW. 119 CT	Miami, FL 33180
MR.	Gustavo Alzate	20500 W. COUNTRY CLUB DR. #619	Aventura, FL 33180

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/18/04

Daytime Phone #

786-2346521

CR2001 (01/04)