

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 14 PM 4:32

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

06-08

DOCUMENT # P02000038967

1. Corporation Name

PRINCESS BARBARA, CORP.

700132847687
07/14/08--01017--017 **8.50
700132847687
07/14/08--01017--016 **450.00
CRZE081 (12/07)

2. Principal Office Address - No P.O. Box #

13155 SW 42 STREET

Suite, Apt. #, etc.

SUITE 111

City & State

MIAMI, FL

Zip

33175

Country

USA.

3. Mailing Office Address

13155 SW 42 STREET

Suite, Apt. #, etc.

SUITE 111

City & State

MIAMI, FL

Zip

33175

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

4/10/2002

5. FEI Number

731636190

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

Sandra LEON

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

13155 SW 42 STREET

Suite, Apt. #, Etc.

(Sandra Leon) SUITE 111

City

MIAMI

State

FL

Zip Code

33175

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

7/11/08

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	Sandra LEON	13155 SW 42 street	MIAMI, FL 33175
VP	MEDINILLA, MOISES	13155 SW 42 STREET Suite 111	MIAMI, FL 33175

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 contained in Chapter 119, 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:

REGISTERED AGENT MUST SIGN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/08

Date

Daytime Phone #

T. Roberts JUL 15 2008

COVER LETTER

ENCLOSED IS THE REINSTATEMENT FOR PRINCESS BARBARA, CORP. ALONG WITH \$450.00 CASHIERS CHECK. THE BOX HAS BEEN CHECK FOR REINSTATEMENT FEE WAIVER, THE ENTITY DID NOT RECEIVE PRIOR NOTICES. THE \$450 CHECK IS FOR THE 3 YEARS THAT IT WAS APPARENTLY DISSOLVED.

I AM ENCLOSING ALSO A ^{our}COPY STATEMENT OF REGISTERED AGENT AND OFFICE FOR PRINCESS BARBARA CORPORATION. PLEASE NOTE THE DATE OF THE EVENT WHICH IS VERY IMPORTANT.

ALSO ENCLOSING THE ^{our}COPY OF OFFICER/DIRECTOR OF PRINCESS BARBARA CORP.. PLEASE NOTE DATE ALSO.

THE ORIGINALS HAVE BEEN SENT OUT ON A SEPARATE COURIER BUT TO THE AMMENDMENT SECTION ON THE SAME DATE WHEN THIS COURIER WAS SENT OUT.

IF YOU NEED TO CONTACT ME PLEASE DO SO AT 305-546-3482. MY NAME IS SILVANA CASTANEDA, SECRETARY FOR PRINCESS BARBARA, CORP.

THANK YOU

Silvana Castaneda

*also
\$8.00
for certificate*

all sent to you

+35

+35