

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

15 132

FILED

04 JUN 14 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000049315**

1. Corporation Name

ALVARADO PLASTERING, INC.

600033096266
04/19/04--01074--003 **300.00

2. Principal Office Address

1573 N.W. 14 Terr

Suite, Apt. #, etc.

#2

City & State

MIAMI FL

Zip

33125

Country

USA

3. Mailing Office Address

1573 N.W. 14 Terr

Suite, Apt. #, etc.

#2

City & State

MIAMI FL

Zip

33125

Country

USA

REINSTATEMENT

03.04

4. Date Incorporated or Qualified
To Do Business in Florida

5/2/02

5. FEI Number

01-068-0943

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

RONIL F. ALVARADO

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

1573 N.W. 14 Terr #2

Suite, Apt. #, Etc.

MIAMI FL 33125

City

State

FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

PRESIDENT

Date

4/30/04

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
DIRECTOR PRESIDENT	RONIL F. ALVARADO	1573 N.W. 14 Terr #2	MIAMI FL 33125

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

PRESIDENT

4-12-04

Date

Daytime Phone #

CR2E081 (9/00)

19 272
MIAMI, FLORIDA APRIL-12-2004

RE: ALVARADO PLASTERING INC

NEW ADDRESS: 1573 NW 14 TERR # 2 Miami fl 33125

Affidavit/ Request of Corporation Reinstatement

TO : FLORIDA DEPARTMENT OF REVENUE

BEFORE ME, TERESA DE JESUS LEON, NOTARY PUBLIC, PERSONALLY APPEARED
THE FOLLOWING PERSON:

RONIL ALVARADO

~~WHO AFTER DULY SWORN AND SUBSCRIBED AND CERTIFY THAT THE~~
FOLLOWING IS TRUE AND CORRECT:

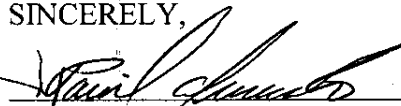
I, RONIL ALVARADO, HEREBY THIS LETTER EXPLAIN THE REASON WHY I DID NOT
PAID THE ANNUAL REPORT FOR THE YEAR 2003, AND REASON WHY IT WAS
DISSOLVED.

I NEVER RECEIVED THE ANNUAL REPORT BOOKLET TO PAY, AND THE PRINCIPAL
ADDRESS OF BUSINESS WAS CHANGED BUT APPARENTLY NEVER UPDATED BY
THAT OFFICE, HOWEVER IT WAS REPORTED. AS YOU CAN SEE THIS IS A REASON
BEYOND MY CONTROL AND I HOPE YOU UNDERSTAND MY CASE AND ACCEPT
BOTH PAYMENTS \$ 150.00 for the last year and \$ 150.00 FOR THE ANNUAL REPORT
2004. A TOTAL OF \$ 300.00 enclosed check # 1390.

I APOLOGY FOR THE INCONVENIENCES AND THANK YOU FOR GIVING ME
OPPORTUNITY TO REINSTATE MY CORPORATION "ALVARADO PLASTERING,
INC,"

FOR FURTHER INFORMATION AND OR VERIFICATION, PLEASE CONTACT ME TO
HELP IN THIS MATTER.

SINCERELY,


RONIL ALVARADO, DIRECTOR, PRESIDENT

SWORN TO BEFORE ME ON THIS 04-12-2004


NOTARY PUBLIC

