

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 18 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000050822

**1. Corporation Name**

HAVANA HOME IMPROVEMENT CORPORATION

**2. Principal Office Address**

1695 WEST 4TH AVENUE

Suite, Apt. #, etc.

City & State

HIALEAH FLORIDA

Zip

33010

Country

**3. Mailing Office Address**

1695 WEST 4TH AVENUE

Suite, Apt. #, etc.

City & State

HIALEAH FLORIDA

Zip

33010

Country

**REINSTATEMENT**

03

100024805971

11/18/03--01055--029 \*\*750.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

05-08-2002

**5. FEI Number**

04-3659690

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

FIGUEREDO, OSIEL

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

1695 WEST 4TH AVENUE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33010

**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

Date 11-14-2003

REGISTERED AGENT MUST SIGN

**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, D	FIGUEREDO, OSIEL	1695 WEST 4TH AVENUE	HIALEAH FLORIDA 33010

**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:

OSIEL FIGUEREDO, PRES. 11-14-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)