

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 22 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000061136*

1. Corporation Name

ANA M. PAZ, INC.

2. Principal Office Address

5920 NE 1st Ave

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

Zip

33334

Country

REMOVED

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/02

5. FEI Number

02-0613024

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

ALLAN SERCHAY

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

5300 NW 33 AVENUE

Suite, Apt. #, Etc.

SUITE 117

City

FT. LAUDERDALE, FL

State

FL

Zip Code

33309

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

4/9/04

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
<i>P/O</i>	<i>ANA M. PAZ</i>	<i>5920 NE 1st AVE</i>	<i>FT. LAUDERDALE, FL 33334</i>

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

4/10/04

Daytime Phone #

(954) 294-5087

CR2E081 (01/04)

Ana M. Paz Inc

5920 NE 1st Avenue
Fort Lauderdale, FL 33334
(954)294-5087
apaz@adelphia.net

April 20, 2004

To whom it may concern,

This letter is regarding my inactive status. This is a mistake, I made a payment for last year for \$150.00 which was received and cashed by your office. I mailed a letter with my \$150.00 payment back in July of 2003 explaining that I did not receive the uniform business report to file for 2003. Your office received my payment and then sent me a letter stating that I owed a \$400 late fee which I was told would be waived because I never received your form. I also telephoned your office explaining why my form and payment were late. In that telephone call last year I was told that you received my payment but no letter. I was reassured in that conversation that the fee was a mistake and to write a second letter explaining the late payment. I wrote a second letter and received no feedback. I received no other late payment fee or letter. My accountant let me know this year in March of my inactive status. He let me know that I would not receive another uniform business report form because I was inactive. I telephoned your office again in March of 2004. I am writing this letter per that conversation. This is the third letter regarding this matter. I was told to download a reinstatement-form; write another letter, and include \$150.00 for 2004 uniform business report. I hope this corrects the problem and you reinstate my active status.

If you have any questions please feel free to call my at (954) 294-5087 or at (561) 487-1100. I do look forward to a response either through telephone or through mail.

Thank you,

Ana M. Paz
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