

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 15 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 02000069216

1. Corporation Name

LET'S SCRAP, INC

2. Principal Office Address

5738 BIRD ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

5780 SW 53 Terr

Suite, Apt. #, etc.

City & State

SOUTH MIAMI FL

City & State

SOUTH MIAMI, FL

Zip Country

33155 USA

Zip Country

33155 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/24/02

5. FEI Number

522366053

☒ 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

VIVIAN PEREZ-ESPINOSA

700029739007  
03/02/04--01059--018 \*\*75

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

5780 SW 53<sup>rd</sup> TERRACE

Suite, Apt. #, Etc.

City

SOUTH MIAMI

State  
FL

Zip Code  
33155

758.75

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]

Date 2/26/04

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
PD	VIVIAN PEREZ-ESPINOSA	5780 SW 53 <sup>rd</sup> Terr	SOUTH MIAMI, FL 33155

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)(l), 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

2/26/04

Date

305-662-9891

Daytime Phone #

750 + 8.75 758.75

TR

CR2E081 (01/04)