

FILED
04 JUN 30 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02 000072763

1. Corporation Name

SERGIO DE OLIVEIRA, PA

2. Principal Office Address

627 REGINA LANE

Suite, Apt. #, etc.

City & State

LAKE MARY FL

Zip

32746

Country

USA

3. Mailing Office Address

627 REGINA LANE

Suite, Apt. #, etc.

City & State

LAKE MARY FL

Zip

32746

Country

USA

REINSTATEMENT 03-94

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

07/01/2002

5. FEI Number

02-0626029

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

SERGIO DE OLIVEIRA

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

627 REGINA LANE

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746

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

Sergio de Oliveira
REGISTERED AGENT MUST SIGN

Date

04/26/2004

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
V	ANDREA P. OLIVEIRA	627 REGINA LANE	LAKE MARY FL 32746
P	SERGIO DE OLIVEIRA	627 REGINA LANE	LAKE MARY FL 32746

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: X

Sergio de Oliveira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/26/2004 (407) 6880785

Daytime Phone #

19282
SERGIO DE OLIVEIRA PA
627 REGINA LANE
LAKE MARY, FL 32746
407-688-0785

PLEASE WAIVE THE PENALTY AND REINSTATE MY CORPORATION. I NEVER RECEIVED
THE DEPARTMENT OF STATE FORMS IN 2003. I AM ENCLOSING A CHECK FOR 300
DOLLARS.


SERGIO DE OLIVEIRA