

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN -3 AM 10:03

DOCUMENT # P02000079175

1. Corporation Name
PAPATRANS, INC.

2. Principal Office Address
19810 CYPRESS CT.

3. Mailing Office Address
9010 SW 137th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 113

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip Country
33015 USA

Zip Country
33186 USA

REINSTATEMENT 03-05
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
41-2050137

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 DORA RAMIREZ 800062691638
Street Address (P.O. Box Number is Not Acceptable) 19810 Cypress Ct. 01/04/06 01062 010 **1051.00
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33015

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 DORA RAMIREZ Date 12/21/15
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	DORA RAMIREZ	19810 Cypress Ct.	Miami, Fl., 33015
VD	FRANCISCO MORENO	19810 Cypress Ct.	Miami, Fl., 33015
TD	HUGO SOTO	199 Jonathan Dayton Ct.	Princeton, NJ, 08540

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: DORA RAMIREZ Date 12/21/15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #