

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 12 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000083779

**1. Corporation Name**

PEREIRA HOME REPAIR, INC

**2. Principal Office Address**

1262 RIDGE MOOR CIR

Suite, Apt. #, etc.

City & State

ORLANDO

Zip

32807

Country

USA

**3. Mailing Office Address**

1262 RIDGE MOOR CIR

Suite, Apt. #, etc.

City & State

ORLANDO

Zip

32807

Country

USA

**REINSTATEMENT**

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

08/02/2002

**5. FEI Number**

61-1424342

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

PROFESSIONAL ACCOUNTANTS & CONSULTANTS, INC.

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

1157 WEST STATE ROAD 436

Suite, Apt. #, Etc.

SUITE 105

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714

**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

REGISTERED AGENT MUST SIGN

Date

**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/T/D	JOSE PEREIRA	1262 RIDGE MOOR CIR.	ORLANDO, FL 32807

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-03-03 (407) 677-1194

CR2081 (10/02)

**PROFESSIONAL ACCOUNTANTS & CONSULTANTS, INC.**

1157 West State Road 436  
Suite 105  
Altamonte Springs, Florida 32714

Phone (407) 677-1194

Fax (407) 682-7705

October 31, 2003

To Whom It May Concern:

Please be advised that my client Pereira Home Repair, Inc never received the Uniform Business Report (UBR) for 2003, as of right now the corporation will change for the registered agent.

I would like to reinstate and for you to please waive the penalty fee of \$ 600.00, included is the reinstatement application form with all changes and a \$ 150.00 check.

Any questions please do not hesitate to give me a call.

Sincerely,



Daniel Alvarez  
President