

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 10 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000089309

1. Corporation Name

EDUARDO'S ELECTRIC & AIR INC
3430 WEST 12 AVE
HIWALEAH, FL 33012

REINSTATEMENT 07

500025388045
12/10/03--01034--020 **150.00

2. Principal Office Address

3430 WEST 12 AVE

3. Mailing Office Address

3430 West 12 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIWALEAH FL

City & State

HIWALEAH

Zip

33012

Country

USA

Zip

33012

Country

USA

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

08-16-2002

5. FEI Number

52-2373838

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

EDUARDO FIGUEROA

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

3430 WEST 12 AVE

Suite, Apt. #, Etc.

City

HIWALEAH

State

FL

Zip Code

33012

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

Date

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
PRES.	EDUARDO FIGUEROA	3430 WEST 12 AVE	HIWALEAH, FL 33012

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 TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/10/03

305-362-6607

CR2E081 (10/02)