

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000097309

1. Corporation Name

CORNELIO VELASQUEZ, INCORPORATED

Principal Place of Business

Mailing Address

18810 N.W. 22ND STREET  
PEMBROKE PINES FL 33029

18810 N.W. 22ND STREET  
PEMBROKE PINES FL 33029



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

17330 S.W. 65 COURT

3. New Mailing Office Address, If Applicable

17330 S.W. 65 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

SOUTHWEST RANCHES, FL

Zip

33331

Country

Zip

33331

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/09/2002

5. FEI Number

22-3872982

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	VELASQUEZ, CORNELIO	18810 N.W. 22ND STREET	PEMBROKE PINES FL 33029
		17330 S.W. 65 COURT	SOUTHWEST RANCHES, FL 33331

8. Name and Address of Current Registered Agent

WASSERSTROM, BARRY  
4621 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

CORNELIO VELASQUEZ

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

17330 S.W. 65 COURT

Suite, Apt. #, Etc.

City

SOUTHWEST RANCHES

State

FL

Zip Code

33331

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Cornelio Velasquez* REQUIRED

Date

11-18-03

REGISTERED AGENT MUST SIGN

11. 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:

*Cornelio Velasquez* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-18-03

Daytime Phone #

CR2E040 (7/03)