

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 SEP 27 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000101201**

1. Corporation Name

436 NE 35 STREET INC.

2. Principal Office Address - No P.O. Box #
436 NE 35TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address
661 NE 82ND TERRACE

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33137 USA

Zip Country
33138 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
04-3724412

☐ 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
ALEXANDER LOPEZ

Street Address (P.O. Box Number is Not Acceptable)
661 NE 82ND TERRACE

Suite, Apt. #, Etc.

City State Zip Code
MIAMI FL 33138

300238303563
09/27/12--01032--001 **308.75

300238303563
08/08/12--01029--003 **750.00

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

Alexander Lopez
REGISTERED AGENT MUST SIGN

Date **08-03-2012**

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	ALEXANDER LOPEZ	661 NE 82ND TERR	MIAMI, FL 33138

REINSTATEMENT

10-12

SEP 28 2012

T. SCOTT

10. E-mail Address: **SNET123@AOL.COM**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Alexander Lopez* **ALEXANDER LOPEZ**

08-03-2012 (305) 205-5728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #