

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 FEB 23 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000105212**

1. Corporation Name  
**SUERO CORP**

2. Principal Office Address  
**1728 N. W. 6 STREET**

Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

Zip Country  
**33125**

3. Mailing Office Address  
**312A S. W. 12 AVENUE**

Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

Zip Country  
**33130**

**REINSTATEMENT 03-05**

4. Date Incorporated or Qualified  
To Do Business in Florida **09/30/2002**

5. FEI Number  
**22-3875372**

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 SUERO**

Street Address (P.O. Box Number is Not Acceptable)  
**1728 N. W. 6 STREET**

Suite, Apt. #, Etc.

City  
**MIAMI**

State Zip Code  
**FL 33125**

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 **FEBRUARY 19, 2005**

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
PTSD	ALEXANDER SUERO	1728 N. W. 6 STREET	MIAMI, FLA. 33125
			<b>800047346898</b>
			<b>02/28/05--01004--016 **450.00</b>
			<b>AB2/23</b>

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

02-19-05 305-712-3766

Date

Daytime Phone #

CR2E081 (01/05)

**SUERO CORP.  
C/O 312A S. W. 12<sup>TH</sup> AVENUE  
MIAMI, FLORIDA 33130  
305-712-3766**

**February 21, 2005**

**Mr. Sean Toner  
Sect. of State-Div. Corporations,  
409 East Gains St.  
Tallahassee, Florida 32399**

**Dear Mr. Toner:**

**As per our telephone conversation last week, I am enclosing the check for the annual registrations of my corporation for 2003, 2004 and 2005 as I had not previously received the annual report forms and I was not aware of this annual requirement until such time as my new accountant brought it to my attention. I thank you for the courtesy and acknowledgement of waiving this one time of the penalty and both myself and my accountant have taken notice of this annual requirement and its deadline.**

**Sincerely,**



**Alexander Suero, President  
Suero, Corp.**