

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DEC 12 AM 12:19  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105349

1. Corporation Name

CORZO Research, CORP.

2. Principal Office Address

500 BAY VIEW DR.

Suite, Apt. #, etc.

APT. 826

City & State

N. MIAMI BEACH, FL

Zip

33160

Country

USA

3. Mailing Office Address

500 BAY VIEW DR.

Suite, Apt. #, etc.

APT. 826

City & State

N. MIAMI BEACH, FL

Zip

33160

Country

USA

200026577062  
01/09/04--01006--006 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

09-30-2002

5. FEI Number

55-0801063

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

DAVID CORZO

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

500 BAY VIEW DR.

Suite, Apt. #, Etc.

APT # 826

City

NORTH MIAMI BEACH, FL

State

FL

Zip Code

33160

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

Dec 8, 2003

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S	DAVID CORZO	500 BAY VIEW DR # 826	NORTH MIAMI BEACH, FL 33160

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

12-8-03

Date

325 960 1189

Daytime Phone #

CR2003110102

**CORZO RESEARCH Corp.**  
**169 E. Flagler st.**  
**Suite 1534**  
**Miami, fl -33131**  
**305-960-1189**

Florida Department of State  
Division of Corporations

Dear Sirs,

Please be advised that we did not receive the Annual Report, and therefore we missed making the proper payment. We respectfully request that this corporation be reinstated without penalty. Check in the amount of \$150 is hereby enclosed. We will make sure that this omission does not happen again. Thank you for your consideration.

Yours sincerely,

b/ Corzo Research Corp

David Corzo

Charter Number Only

VALIDATION ONLY

12/11/03

Requestor's Name

Address

City

State

ZIP

Phone

ATLANTIC

CORPORATION(S) NAME

Corzo Research, Corp.  
#PO2000105349

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☒ Limited Partnership

☐ Annual Report

☐ Other

☒ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

RECEIVED  
03 DEC 2 AM 11:31  
DIVISION OF  
CORPORATION

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028