

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  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

03 NOV 24 AM 11:25

DOCUMENT # **P02000107477**

1. Corporation Name

**FERRECENTRO AMPARO, CORP.**

Principal Place of Business

Mailing Address

3900 NW 79 AVE STE 529-1  
 MIAMI FL 33166

3900 NW 79 AVE STE 529-1  
 MIAMI FL 33166



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/04/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-4217644

Applied For

Not Applicable

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33178

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPT	ALAIMO, FRANCESCO	10944 NW 73 ST	MIAMI FL 33178
DS	CUPANI, GRAZIA	10944 NW 73 ST	MIAMI DL 33178

500024474775  
 11/06/03 01013 013 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALAIMO, VINCENZO  
 6821 NW 113 CT  
 MIAMI FL 33178

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*[Handwritten Signature]*  
 REGISTERED AGENT MUST SIGN

Date

10/13/03

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DPT  
 Francesco Alaimo

10/13/03

Date

Daytime Phone

1211 200

CPRE040 (7/03)