

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 24 AM 10:08

DOCUMENT #

P02000126094

1. Corporation Name

Velasquez Balza Corporation

REINSTATEMENT 03-04

2. Principal Office Address

15221 SW 80th ST #508

3. Mailing Office Address

Same as 2.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mia FI

City & State

Zip

33193

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

54 208 4254

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

Rainier E. Velasquez

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

15221 SW 80th ST #508

Suite, Apt. #, Etc.

Miami, FI 33193

City

State  
FL

Zip Code

33193

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

Rainier Velasquez

Date

6/22/04

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
Pres.	Claudia D. Balza	15221 SW 80th ST #508	Mia, FI 33193
U.P.	Rainier E. Velasquez	15221 SW 80th ST #508	Mia, FI 33193

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

Date

6/22/04 786-226-5404

Daytime Phone #

CR2E081 (01/04)

Velasquez Balza, Corporation

Rainer E. Velasquez  
15221 S.W. 80th Street 508  
Miami, Fl 33193

June 22, 2004


Department of State  
Division of Corporations  
Dept. of Reinstatement  
P.O.Box 6327  
Tallahassee, Fl 32314

✓ To whom it may concern:

Please authorize my corporation to waive the fees that have been access to my corporation. I never received the annual report to pay for the annual fees. Please note my new address and accept the fees of \$150.00 for year 2003 and \$ 150.00 for 2004.

If you have any questions please feel free to call me if you have any questions concerning this matter.

Sincerely,

  
Rainer E. Velasquez