

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

03 NOV -6 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000133966

1. Corporation Name

PLATINUM AGE, INC.

Principal Place of Business

7224 W 29TH WAY
HIALEAH FL 33018

Mailing Address

7224 W 29TH WAY
HIALEAH FL 33018

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/2002

5. FEI Number

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PEREZ, JUAN O	7224 W 29TH WAY	HIALEAH FL 33018
V	PEREZ, ROSA M	7224 W 29TH WAY	HIALEAH FL 33018

600023915426
10/17/03--01091--008 **150.00

8. Name and Address of Current Registered Agent

PEREZ, ROSA M
7224 W 29TH WAY
HIALEAH FL 33018

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/1/03

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/03

Date

305 231-0565

Daytime Phone #

CR2040 (7/03)



PLATINUM AGE

7224 W 29th Way
Hialeah, FL 33018

October 14, 2003

Florida Department of State
Tallahassee, FL

Dear Department

You will find enclosed the document you recently sent to us regarding the administrative dissolution of our corporation, it signed and completed. This took us by surprised since we did not know we should make any payment. After consultation with our current accountant it became evident to us that the first document for this payment must be lost in the correspondence we regularly received. We opened this corporation last year.

We are requesting forgiveness of this involuntary late payment, we are sending the original payment of \$150.00 (we have been told that is the annual amount, but if that is not correct please let us know) and we will take note of this in the future to avoid a similar situation.

With our best regards



Omar O. Perez
Platinum Age, Inc, President