

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P03000009514*

1. Corporation Name

*Prico Incorporated*

2. Principal Office Address

*4711 NW 79th Avenue*

Suite, Apt. #, etc.

*Suite 220*

City & State

*Doral, Florida*

Zip

*33166*

Country

*USA*

3. Mailing Office Address

*4711 NW 79th Avenue*

Suite, Apt. #, etc.

*Suite 220*

City & State

*Doral, Florida*

Zip

*33166*

Country

*USA*

**REINSTATEMENT** *06-07*

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

*01/17/2003*

5. FEI Number

*26-0453657*

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

*Fernando Perez*

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

*2724 Willow Creek Drive*

Suite, Apt. #, Etc.

City

*Oviedo*

State

*FL*

Zip Code

*32765*

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date *6/15/2007*

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
<i>P.U.T.S</i>	<i>Felipe Toro</i>	<i>4711 NW 79th Avenue Suite 220</i>	<i>Doral, Florida 33166</i>
	<i>[Signature]</i>		

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 contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*6/15/2007*

Daytime Phone #

**DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314**

**TO WHOM IT MAY CONCERN:**

**AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.**

**BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEAR OF 2005, 2006 & 2007 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.**

**THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. AND IF YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREEE TO CONTACT US.**

**CORDIALLY YOURS,**



**FELIPE TORO**

**P/V/T/S**