


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 29 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000037098

1. Corporation Name

Pereda Machine Shop, Inc

2. Principal Office Address - No P.O. Box #

501 SW 109 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33174

Country

U.S.

3. Mailing Office Address

501 SW 109 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33174

Country

U.S.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/2003

5. FEI Number

none

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

Ivan Pereda

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

501 SW 109 Avenue

Suite, Apt. #, Etc.

City

Miami Florida

State

FL

Zip Code

33174

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 10/23/07

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
DPST	Ivan Pereda	501 SW 109 Avenue	Miami, FL, 33174

100111453711
10/29/07--01051--020 **\$600.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/07 305 480 4180

B. Mitchell OCT 29 2007

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Florida Department of State
Florida Division of Corporations
Tallahassee, FL

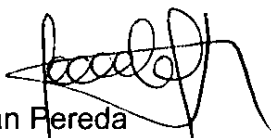
Miami, October 24th, 2007

Re: Reinstatement of Florida Profit Corporation – P03-000-037-098

Dear Sirs:

I formally request the reinstatement of my Company PEREDA MACHINE SHOP, INC. that is currently Inactive. Attached is the check to cover the charges. I have not received any notices for the year 2007 and I would really appreciate if the late fees could be waived. I am also changing my registered agent and I will personally be in charge of handling this matter.

My Very Best Regards,


Ivan Pereda
President
PEREDA MACHINE SHOP INC.