

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 28 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000072144

1. Corporation Name

PLASENCIA INTERIORS, INC.

2. Principal Office Address

6221 SW 94 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33173

Country

USA

3. Mailing Office Address

6221 SW 94 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33173

Country

USA

REINSTATEMENT 2004

4. Date Incorporated or Qualified
To Do Business in Florida

6/30/03

5. FEI Number

02-0696928

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

GUSTAVO PLASENCIA

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

6221 SW 94 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33173

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

Date

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
DPS	GUSTAVO PLASENCIA	6221 SW 94 Avenue	Miami, FL 33173

000042282138
10/28/04--01035--011 **150.00

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 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

Daytime Phone #

10-26-04

2052

PLASENCIA INTERIORS, INC.

6221 SW 94 Avenue
Miami, FL 33145

October 26, 2004

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Dear Representative:

Enclosed please find a Corporate Reinstatement application for Plasencia Interiors, Inc. for processing. We have also enclosed a check in the amount of \$150.00 to cover the filing fee for the 2004 Uniform Business Report. We respectfully request the waiver of the late filing penalty due to the fact that a request for payment of the Annual Report was not received.

If you have any questions or require additional information regarding this matter, please do not hesitate to contact Gustavo Plasencia at 305 342-5323.

Sincerely,



Gustavo Plasencia