

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 29 AM 9:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P030000 83150

1. Corporation Name

Reinaldo Printing work. corp.

2. Principal Office Address

4000 NW 36 AVE.

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33142

Country

3. Mailing Office Address

10381 SW 150th

Suite, Apt. #, etc.

#11202

City & State

Miami FL

Zip

33196

Country

600034386806

04/28/04--01020--026 **150.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

2003

5. FEI Number

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

Reinaldo Ernesto Yanes

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

10381 SW 150th

Suite, Apt. #, Etc.

#11202

City

Miami

State

FL

Zip Code

33196

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
P	Reinaldo Yanes	10381 SW 150th #11202	Miami FL 33196

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

04/17/04

Date

(305) 4980599

Daytime Phone #

CR2E081 (10/02)