

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000091832

1. Corporation Name

REPIA INC.

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

68 NW 44th Street

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FL.

Zip

33127

Country

USA

3. Mailing Office Address

68 NW 44th Street

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FL.

Zip

33127

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/21/2003

5. FEI Number

201936174

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

Olga E. Alfonso

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

68 NW 44th Street

Suite, Apt. #, Etc.

N/A

City

MIAMI.

State

FL

Zip Code

33127

☒ 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

Date July, 8th 2008

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
D/S	Olga E. Alfonso	68 NW 44th Street	MIAMI, FL. 33127

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:

Olga E. Alfonso

Olga E. Alfonso

786-715-6344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 JUL -9 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300132590329
07/09/08--01031--006 **450.00

REINSTATEMENT 06-08