

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN -6 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100056397021

06/21/05--01053--001 **900.00

DOCUMENT # P03000109894

1. Corporation Name

CABRAL'S RENTAL INC.

2. Principal Office Address

1301-71 Street

Suite, Apt. #, etc.

3. Mailing Office Address

1301-71 Street

Suite, Apt. #, etc.

City & State

Miami Beach Florida

City & State

Miami Beach Florida

Zip

33141

Country

U.S.A.

Zip

33141

Country

U.S.A.

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

10-06-2003

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

BELKI CABRAL

Street Address (P.O. Box Number is Not Acceptable) 1301-71 Street

Suite, Apt. #, Etc.

City

Miami Beach

State
FL

Zip Code
33141

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]

Date 06-01-05

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
Pres.	BELKI CABRAL	1301-71 Street	Miami Beach Fl. 33141
V.Pres	BELKI CABRAL	1301-71 Street	Miami Beach Fl. 33141
Sec/T	BELKI CABRAL	1301-71 Street	Miami Beach Fl. 33141

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 607.041 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(10), 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

06-01-05

Date

305-896-2626

Daytime Phone #