

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 23 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO3 000147655

1. Corporation Name

CERVANTES WORKS INC

REINSTATEMENT ON

2. Principal Office Address

2453 HYBRID DR.

Suite, Apt. #, etc.

3. Mailing Office Address

2453 HYBRID DR.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL.

City & State

KISSIMMEE, FL.

Zip

34758

Country

U.S.

Zip

34758

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/8/03

5. FEI Number

20-0464646

☒ 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

CIPRIANO CERVANTES-POUCE

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

2453 HYBRID DR.

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34758

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

X Cipriano Cervantes P.

REGISTERED AGENT MUST SIGN

Date

11/16/04

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
<u>P</u>	<u>CIPRIANO CERVANTES</u>	<u>2453 HYBRID DRIVE</u>	<u>KISS. FL. 34758</u>

000042959370  
11/23/04--01046--012 \*\*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:

X Cipriano Cervantes P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/16/04 (321)443-7057

Daytime Phone #

CR2E081 (01/04)

November 16, 2004

Florida Department of State  
Division of Corporation  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Dear: Sirs

Enclosed you'll find check issue to you in the amount of \$150.00. You'll also find a copy of the completed Corporation Reinstatement form for our company. We are sending you this payment and at the same time voice our apology to you for not having it paid sooner. We started our business this past year and incorporated on December 8, 2003. It came as quite a shock and surprise to us that we had to pay \$150.00 for the renewal of our company since we never received any letter or information from you. Please note our new address and other information you require. Please accept the enclosed and adjust the records accordingly. Should you have any question, you may give me a call at 321-443-7057. Thank you.

Sincerely,

*Cipriano Cervantes P.*

Cipriano Cervantes Ponce  
President/Director  
Cervantes Works, Inc.  
Doc# P03000147655