

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000008550

1. Corporation Name

6425 Corporation

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

17940 S.W. 83 Ave

Suite, Apt. #, etc.

City & State

Miami FL.

Zip

Country

33157 Dade

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

Mercedes Masso

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

17940 S.W. 83 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

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]
REGISTERED AGENT MUST SIGN

Date

1/11/07

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	<u>Mercedes Masso</u>	<u>17940 S.W. 83 Ave.</u>	<u>Miami, FL. 33157</u>
VP	<u>Barbara V. Lopez</u>	<u>16155 N.W. 117 Ave. / B-17</u>	<u>Miami, FL 33177</u>
		<u>11/31</u>	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/07

Daytime Phone #

FILED

07 JAN 30 AM 10:55

CLERK OF STATE
TALLAHASSEE, FLORIDA

600087198456

02/02/07--01037--008 **450.00

REINSTATEMENT

CR2E081 (1/07)

05-07

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 9, 2004

5. FEI Number

27-0078887

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

January 11, 2007

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: 6425 Corp. Inc.
Document # PO4000008550

To Whom It May Concern:

To date, we have not received our annual reporting at previous address of 11720 SW 97th Street, Miami, FL 33186 for 2005, 2006 and 2007. Please reflect the new address of 17940 SW 83rd Avenue, Miami, FL 33157 for any future mailings.

Thank you,

A handwritten signature in black ink, appearing to read 'Mercedes Masso', with a stylized flourish at the end.

Mercedes Masso
MM/aa