

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000015043

1. Entity Name
FRANCISCO CORTEZ COMPANY



Principal Place of Business
1694 S. HOAGLAND AVE.
KISSIMMEE, FL 34741

Mailing Address
1694 S. HOAGLAND AVE.
KISSIMMEE, FL 34741

FILED

07 MAR -1 AM 7:50

CLERK OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #
914 BROWNIE CIR.
Suite, Apt. #, etc.

3. Mailing Address
214 BROWNIE CIR.
Suite, Apt. #, etc.

02232007 REIN-P CR2E098 (1/07)

City & State
KISSIMMEE FL
Zip 34741 Country

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KISSIMMEE FL
Zip 34741 Country

4. FEI Number
90-0135895
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORTEZ, FRANCISCO
1694 S. HOAGLAND AVE.
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name
FRANCISCO CORTEZ

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

214 BROWNIE CIR.

City KISSIMMEE F FL Zip Code 34741

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* 02/23/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete
NAME CORTEZ, FRANCISCO
STREET ADDRESS 1694 S. HOAGLAND AVE.
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☒ Change ☐ Addition
NAME FRANCISCO CORTEZ
STREET ADDRESS 214 BROWNIE CIR.
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 02/23/07 (407) 288-9047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Phone #