

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000021335

1. Entity Name
REINER GONZALEZ, CORP.



FILED

06 MAR 29 11:36

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
3080 CONGRESS PARK DRIVE
#833
LAKE WORTH, FL 33461 US

Mailing Address
3080 CONGRESS PARK DRIVE
#833
LAKE WORTH, FL 33461 US

[Handwritten signature]



REINSTATEMENT 03-06
03272006 REIN-P GR2E098 (11/06)

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, REINER
3080 CONGRESS PARK DRIVE
#833
LAKE WORTH, FL 33461

Name

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

City

FL

Zip Code

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
GONZALEZ, REINER
3080 CONGRESS PARK DRIVE #833
LAKE WORTH, FL 33461 ☐ Delete

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

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05/02/06--01003--022 ***308.75

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CITY - ST - ZIP
☐ Change ☐ Addition

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: *[Handwritten signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/08 561
644-6231
Date Daytime Phone #