

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 SEP 20 PM 4:29

DOCUMENT # **P04000102080**

1. Corporation Name

**ARNALDO ABREU, INC.**

2. Principal Office Address

**6511 NW 9st**

3. Mailing Office Address

**6511 NW 9st**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Margate**

City & State

**Margate**

Zip

**33063**

Country

**BROWARD**

Zip

**33063**

Country

**BROWARD**

4. Date Incorporated or Qualified  
To Do Business in Florida

**7-30-04**

5. FEJ Number

**010817648**

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

**ARNALDO ABREU**

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

**6511 NW 9ST**

Suite, Apt. #, Etc.

City

**Margate**

State

**FL**

Zip Code

**33063**

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

*Arnaldo Abreu*

REGISTERED AGENT MUST SIGN

Date

**9-25-06**

**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
Director	ARNALDO ABREU	6511 NW 9st	Margate, FL 33063

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:

*Arnaldo Abreu* **ARNALDO  
ABREU**

**9-25-06**

**954-444-5535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Sept. 25, 2006

Florida Dept. of State  
Division of Corporations,

Dear Sir,

For some reason, I did not received the post card for 2005 report. At this time I'm standing on inactive status. Therefore, I will appreciate, if you please, re-off the \$600.00 penalty; and permit me pay the 300.00 for reinstalation only.

Thank you very much  
Truly yours.

Arnaldo Abreu

Note:

Name: ARNALDO ABREU

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