

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
-- DIVISION OF CORPORATIONS

DOCUMENT # P04000147184  
1. Corporation Name  
**Rey Cruz Services, Inc**

2. Principal Office Address - No P.O. Box #  
**1124 Courtney Chase Cir**

Suite, Apt. #, etc.

**Apt 518**

City & State

**Orlando, FL**

Zip  
**32837**

Country  
**USA**

3. Mailing Office Address

**1124 Courtney Chase Cir**

Suite, Apt. #, etc.

**Apt 518**

City & State

**Orlando, FL**

Zip  
**32837**

Country  
**USA**

**7. Name and Address of Current Registered Agent**

Name

**Reynaldo Cruz Sanabria**

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

**1124 Courtney Chase Cir**

Suite, Apt. #, Etc.

**Apt. 518**

City

**Orlando**

State  
**FL**

Zip Code  
**32837**

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

*Reynaldo Cruz*

REGISTERED AGENT MUST SIGN

Date 5/10/2010

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	Reynaldo Cruz	1124 Courtney Chase Cir #518	Orlando, FL 32837

**REINSTATEMENT**

**M. MILLIGAN  
EXAMINER**

**MAY 27 2010**

10. E-mail Address: rey@reycruzservicesinc.com

(To be used for future annual report notification)

11. 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. I further certify, 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: *Reynaldo Cruz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/2010

Date

Daytime Phone #

**FILED**

10 MAY 27 PM 4:10

FLORIDA DEPARTMENT OF STATE  
ALLAHASSEE, FLORIDA

**000180987560**

06/03/10--01032--004 \*\*150.00

**000180987560**

05/17/10--01060--008 \*\*300.00

CR2E081 (11/09)