

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 JAN 31 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000152309

1. Corporation Name

PINZON & ASSOCIATES, INC.

100116580841
01/31/08--01035--015 **900.00

REINSTATEMENT
CR2E081-(12/07) 1010108

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

9035 SW 160 TERRACE

Suite, Apt. #, etc.

101

City & State

MIAMI, FL

Zip

33157

Country

USA

3. Mailing Office Address

9035 SW 160 TERRACE

Suite, Apt. #, etc.

101

City & State

MIAMI, FL

Zip

33157

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/2004

5. FEI Number
20-1845050

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

PINZON, GERMAN

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

9035 SW 160 TERRACE

Suite, Apt. #, Etc.

101

City

MIAMI

State

FL

Zip Code

33157

☐ 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.

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

REGISTERED AGENT MUST SIGN

Date 01/28/2008

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
PSD	PINZON, GERMAN	9035 SW 160 TERRACE # 101	MIAMI, FL, 33157

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/2008

Date

305-300-5125

Daytime Phone #

B. Mitchell JAN 31 2008