

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 JAN 12 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000166394**  
1. Corporation Name **AGPD CORPORATION**  
**15061 NOR FOLK LANE**  
**DAVIE, FLORIDA 33331**

2. Principal Office Address <b>15061 NOR FOLK LANE</b> Suite, Apt. #, etc. <b>DAVIE Florida</b> City & State Zip <b>33331</b> Country <b>BROWARD</b>		3. Mailing Office Address <b>SAME</b> Suite, Apt. #, etc. City & State Zip Country	
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**REINSTATEMENT** CR2E081 (12/05) **05**

4. Date Incorporated or Qualified To Do Business in Florida <b>12-10-04</b>	5. FEI Number <b>201 983744</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent

Name <b>ANGELO JACOME</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>15061 NOR FOLK LANE</b>		
Suite, Apt. #, Etc. <b>DAVIE Florida</b>		
City	State <b>FL</b>	Zip Code <b>33331</b>

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 \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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
Pres.	ANGELO JACOME	15061 NOR FOLK LANE	DAVIE Florida
V.P.	GLOVANA JACOME	15061 NOR FOLK LANE	DAVIE, Florida

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 **ANGELO JACOME**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/9/06** Daytime Phone # **754-204-4484**

2 of 2

**AGPD COPORATION  
15061 NOR FOLK LANDE  
DAVIE FLORIDA 33331**

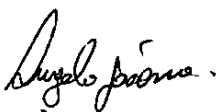
**January 9<sup>th</sup>, 2006**

**Department Of State  
Division Of Corporation  
P O Box 6327  
Tallahassee, Florida 32314**

**RE" Po4000166394**

**To whom it may concern:**

**Enclosed please find the Re-instatement form and check in the amount of \$150.00. I never received the renewal notice and the address on the Listed for my corporation is in correct.  
Please reinstate this corporation as soon as possible.**



**Thank you,**

**Angel Jacome**