

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC 12 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000043796

1. Corporation Name

CEDILLO & PUJOLS ENTERPRISE CORP

2. Principal Office Address - No P.O. Box #
5485 NW 112 PATH

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip Country
33178 U.S

3. Mailing Office Address
5485 NW 112 PATH

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip Country
33178 US

REINSTATEMENT 06-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **03/23/2005**

5. FEI Number **20-2486569**

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 **JESUS A. CEDILLO**

Street Address (P.O. Box Number is Not Acceptable) **5485 NW 112 PATH**

Suite, Apt. #, Etc.

City State Zip Code
MIAMI FL 33178

☒ 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

Date **11/30/2007**

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
P	JESUS A. CEDILLO	5485 NW 112 PATH	MIAMI, FL 33178
VP	NELLY PUJOLS	5485 NW 112 PATH	MIAMI, FL 33178

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12/26/07--01052--020 **300.00

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

JESUS A. CEDILLO

11/30/2007

Date

305-244-7015

Daytime Phone #

2012/12