


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC 18 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000058850

1. Corporation Name

MIAMI GENERAL MAINTENANCE, INC

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

6142 NW 115 PL

Suite, Apt. #, etc.

#314

City & State

MIAMI, FLORIDA

Zip

33178

Country

MIAMI-DADE

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 06-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

4/20/05

5. FEI Number

☒ 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

LUIS E. GARCIA

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

15440 SW 74TH CIRCLE CT

Suite, Apt. #, Etc.

#602

City

MIAMI

State

FL

Zip Code

33193

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/16/07

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
D	MARIA LAZO HURTADO	6142 NW 115 PL #314	MIAMI, FL 33178
D	LUIS LAZO HURTADO	6142 NW 115 PL #314	MIAMI, FL 33178
D	MANUEL B LAZO	6142 NW 115 PL #314	MIAMI, FL 33178
D	ELIANA LAZO HURTADO	6142 NW 115 PL #314	MIAMI, FL 33178

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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

12-16-07 786.2526825

Date

Daytime Phone #