

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV 18 PM 1:00

DOCUMENT # 905000079616

1. Corporation Name

EZ PERMITS & LEGALIZATIONS CORPORATION

700187052137
10/25/10--01064--002 **150.00

700187052137
10/25/10--01064--003 **8.75

REINSTATEMENT 2010

CR2E081 (6/10)

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

5721 NW 194 ST

3. Mailing Office Address

5721 NW 194 ST

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

33015

Country

USA

Zip

33015

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida **06/02/2005**

5. FEI Number

043816538

☐ 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

ELISA H GARCIA

Street Address (P O Box Number is Not Acceptable)

5721 NW 194 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

700187052137
11/18/10--01026--012 **600.00

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

Elisa H Garcia

Date **10/07/2010**

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 | ELISA H GARCIA | 5721 NW 194 ST | MIAMI, FL 33015e |
| VP | Erick G. Rodriguez | 5721 NW 194 ST | Miami, FL 33015 |
| S | Michael T Ganeboras | 5721 NW 194 ST | Miami, FL 33015 |
| | | | |
| | | | |
| | | | |

EC 11/19

10. E-mail Address: edieppa@dieppalaw.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:

Elisa H Garcia

10/07/2010 786-624-0303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #