PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # 105 000 139986 Platt Products Inc 2. Principal Office Address - No P.O. Box of 2915 Catalina St Suite, April F. etc. Suite, April F. etc. City A State Miami, FI Glennville, GA 20 0427 City A State Glennville, GA 333133 City A State 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 orier notices were not received and requesting the reinstatement fee be waived. Suite, April F. Etc. Miami Suite, April F. Etc. Suite and Address of Current Registered Agent 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 orier notices were not received and requesting the reinstatement fee be waived. Suite, April F. Etc. Suite Apr		RPORATIC STATEME			S	DEPART ecretary ION OF CO	y of S					ARY OF STATE ASSEE, FLORID	
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City & State Miami, FI City & State Glennville, GA					3. Mailing Office Address 85 Wesley Deloach Rd				d			IENT 05	-o7
City & State Milami, FI City & State Glennville, GA 20 30427 County To Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent Wish Carranza 20 20 30427 The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices were not received and requesting 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 funed corporations must list at least 3 directors) Name and Street Addresses of Each Officer and/or Director (Flobra nonprofit corporations must list at least 3 directors) P. Names and Street Addresses of Each Officer and/or Director (Flobra nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors P. Luis Carranza 2915 Catalina St Miami, FI 33133 VP Jorge Carranza 85 Wesley Deloach Rd Glennville, GA 30427 10. Lording that I am an officer or street or in the receiver or insiste empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, for factor or the receiver or insiste empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, for factor or the receiver or insiste empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, for factor or the receiver or insiste empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application as for a carriance of the form do to make the receiver of the corporation name satisfies the requirements of section 607 details of 617 details for 617 details for 617 details for 617 details of 6	Suite, Apt. #, etc.									4. Date Incorp	orated or Qualified	0 : 40 00	
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SIGNARURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	this rei owed t on this	instatement applicy the corporation application is tr	lication, on have ue and	the reason for diss been paid and the accurate, and my si	olution has been names of individu gnature shall hav	eliminated lals listed ove the sam	, the cor on this fo e legal o	rporate name satis orm do not qualify t effect as if made ur	fies for a	the requirements an exemption con roath.	of section 607.040 tained in Chapter 1	1 or 617.0401, F.S., that al 19, F.S. The information in	l fees dicated