

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

09 NOV -6 PM 4: 58

DOCUMENT # P05000156589

1. Corporation Name

Soares Pereira Brothers, Inc

200162573862 KS  
11/06/09--01043--004 \*\*150.00

REINSTATEMENT 2009

2. Principal Office Address - No P.O. Box #  
115 N Pinewood Ave

3. Mailing Office Address  
P O Box 2254

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Brandon, FL

City & State  
Brandon, FL

Zip Country  
33510 USA

Zip Country  
33509-2254 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
20-3995834

Applied For  
Not Applicable

6. ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Clauderson S Pereira

Street Address (P.O. Box Number is Not Acceptable)  
115 N Pinewood Ave

Suite, Apt. #, Etc.

City State Zip Code  
Brandon, FL 33510

☒ 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 11/4/2009

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	Clauderson S Pereira	115 N Pinewood Ave	Brandon, FL 33510
VP	Claudinei S Pereira	115 N Pinewood Ave	Brandon, FL 33510

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

11/5/2009

Date

Daytime Phone #

949 278 2208