

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000162546

1. Corporation Name

P & G Engineering Design Group Corp

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

21 SW 102 Court

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33174

Country

USA

3. Mailing Office Address

21 SW 102 Court

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33174

Country

USA

APPROVED
AND
FILED

07 DEC 18 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-20-07

REINSTATEMENT

GR2E081 (1/07)

06-01

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2005

5. FEI Number

20-3949726

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

Erguin Capote

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

21 SW 102 Court

Suite, Apt. #, Etc.

City

Miami, Florida

State

FL

Zip Code

33174

☐ 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

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	Erguin Capote	21 SW 102 Ct	Miami, Florida 33126
VP	Luis O Perez	21 SW 102 Ct	Miami, Florida 33126

700113217867
12/18/07-01011-018 **900.00

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/04/2007

Date

786-863-7091

Daytime Phone #