

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 17 PM 3 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06000079304**

1. Corporation Name

Contemporary + Manufacturing

REINSTATEMENT 08-10

700180986847
05/17/10--01056--022 **450.00
CR2E081 (4/10)

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

5305 16th Ave East

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palmetto FL

City & State

Same

Zip

34221

Country

Manatee

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-5106732

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 **Israel Delgado**

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

5305 16th Ave East

Suite, Apt. #, Etc.

City

Palmetto

State

FL

Zip Code

34221

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.

Please!!

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

Israel Delgado

REGISTERED AGENT MUST SIGN

Date **5-6-2010**

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
VP	Israel Delgado	5305 16th Ave East	Palmetto, FL 34221

cc 5/18

10. E-mail Address: **Contemporarymfg@aol.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:

Israel Delgado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-6-2010

Daytime Phone #