

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAR -5 A 7:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/08)

DOCUMENT # **806000112037**

1. Corporation Name

C & S PROPERTY INVESTORS INC.

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

2936 SW 133 AVE

Suite, Apt. #, etc.

City & State

MERAMAR, FL

Zip

33027

Country

USA

3. Mailing Office Address

P O Box 277507

Suite, Apt. #, etc.

City & State

MERAMAR FL

Zip

33027

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8.29.06

5. FEI Number

02-0786045

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

L. M. Colon

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

2936 SW 133 AVE

Suite, Apt. #, Etc.

City

MERAMAR FL

State

FL

Zip Code

33027

☒ 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

L. M. Colon

REGISTERED AGENT MUST SIGN

Date **3/3/09**

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	L. M. Colon	2936 SW 133 AVE	MERAMAR FL 33027
VP	SERGIO Y. SARDINAS	6028 SW 127 pl.	MIAMI, FL 33183
T	YEH/IN COLON	2936 SW 133 AVE.	MERAMAR, FL 33027

400145049104
03/05/09--01024--023 **450.00

REINSTATEMENT
07-09

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:

L. M. Colon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/3/09

Daytime Phone #

305.710.4950