

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000130040

1. Corporation Name

Estevez Investment, Inc.

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

5060 West 12 Ave.

3. Mailing Office Address

Same.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Zip

33012

Country

U.S.A.

Zip

Country

7. Name and Address of Current Registered Agent

Name

Estevez, Gonzalo J.

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

5060 West 12 Ave.

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

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

REGISTERED AGENT MUST SIGN

Date 10/26/2009

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
DP	Estevez, Gonzalo J.	5060 West 12 Ave.	Hialeah, FL 33012
DV	Estevez, Nevis	5060 West 12 Ave.	Hialeah, FL 33012

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

10/26/2009

Date

(305)825-0927

Daytime Phone #

FILED

09 OCT 29 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000162313420

10/29/09--01034--021 **908.75

CR2E081 (12/08)

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida 10/11/2006

5. FEI Number
20-8015706

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☐ 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.