

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000153260

1. Entity Name  
PIERO KITCHENS BY ALBUERNE & SOTERO, INC.



FILED

07 NOV -2 AM 9:04

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2220 W 8 CT  
HIALEAH, FL 33010

Mailing Address

2220 W 8 CT  
HIALEAH, FL 33010

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

10311007 10311008 (1/07)

4. FEI Number

20-8048105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOTERO, LEYDYS Y  
2220 W 8 CT  
HIALEAH, FL 33010

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DP  
SOTERO, LEYDYS Y  
2220 W 8 CT  
HIALEAH, FL 33010 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DV  
ALBUERNE, IRAEL  
2220 W 8 CT  
HIALEAH, FL 33010 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
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TITLE  
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CITY- ST- ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
300111649293  
11/02/07--01056--008 \*\*150.00

TITLE  
NAME  
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CITY- ST- ZIP  
☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/07

286-333-0710

Date

Daytime Phone #