

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 17 A 10:53

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P07000032629**

1. Corporation Name

PERFECTION AWNING Z.I. CORP

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

411 SW 57ave

Suite, Apt. #, etc.

3

3. Mailing Office Address

411 SW 57ave

Suite, Apt. #, etc.

3

City & State

Miami

City & State

Miami

Zip

33144

Country

DADE

Zip

33144

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

3/13/2007

5. FEI Number

20-8633340

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 ACANDA

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

411 SW 57ave

Suite, Apt. #, Etc.

3

City

Miami

State

FL

Zip Code

33144

☒ 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

X

Date **X 11-16-09**

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	ISRAEL ACANDA	411 SW 57ave #3	Miami, FL 33144
V.P	JOEL M. PIMENTEL	2431 SW 127ave	Miami, FL 33175

REINSTATEMENT

08-09

10. E-mail Address:

(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:

X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 11-16-09

Daytime Phone #