

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -8 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FL 32301

DOCUMENT # P07000033542

1. Corporation Name

NEGOR CORPORATION

REINSTATEMENT 08-10

W1-14652

400172790154
03/22/10--01051--005 **300.00

CR2E081 (11/09)

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

17113 SW 38 Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Zip

33027

Country

Broward-County

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 03/14/2007

5. FEI Number

39-2051633

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

BW&T Business Advisers, Inc

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

9050 Pines Boulevard

Suite, Apt. #, Etc.

Suite 450

City

Pembroke Pines

State

FL

Zip Code

33024

☒ 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.

400172790154
04/08/10--01043--002 **158.75

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

Date 03/19/2010

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/D	Abdon Negron	17113 SW 38 Street	Miramar, FL 33027
VP/D	Lisbeth Gotera	17113 SW 38 Street	Miramar, FL 33027

X 4/9

10. E-mail Address: accountingbwta@gmail.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:

Lisbeth Gotera

03/19/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #