

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attachment 10f2

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 DEC 23 PM 12: 25

800139272098

12/24/08--01045--021 \*\*150.00

**REINSTATEMENT 2008 KS**

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P07000038116**

1. Corporation Name

**FIALLOS CORP.**

Mailing Address

Principal Place of Business

**1712 NW 36 ST  
MIAMI FL 33142**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

**03/26/2007**

5. FEI Number

**77-0676773**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ROSA L. FIALLOS	755 NW 127 ST	MIAMI FL 33168
VP	VALENTIN FIALLOS	755 NW 127 ST	MIAMI FL 33168
S	JUAN M. FIALLOS	755 NW 127 ST	MIAMI FL 33168

8. Name and Address of Current Registered Agent

**ROSA L. FIALLOS  
755 NW 127 ST  
MIAMI FL 33168**

9. Name and Address of New Registered Agent

Name **VALENTIN FIALLOS**  
Street Address (P.O. Box Number is Not Acceptable)  
**755 NW 127 ST**  
Suite, Apt. #, Etc.  
**MIAMI**  
City **FL** State **FL** Zip Code **33168**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**Valentin Fiallos**

Date **12/10/08**

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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:

**Valentin Fiallos**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/10/08**

Date

Daytime Phone #

CR2E040 (6/94)

2008 Reinstatement  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FIALLOS CORP.  
P07000038116

The above stated entity did not receive prior notices. Please waive the reinstatement fee.