

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 OCT 18 AM 11:10

DOCUMENT # P07000048978

1. Corporation Name

PIPO'S OF CARROLLWOOD, INC

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

3501 N ARMENIA AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33607

Country

HILLSBOROUGH

3. Mailing Office Address

3501 N ARMENIA AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33607

Country

HILLSBOROUGH

800186799878
10/18/10--01053--008 **750.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/2007

5. FEI Number
20-8942478

☐ 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

JOSE S RAMOS

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

2344 CRESTOVER LANE

Suite, Apt. #, Etc.

BUILDING 7

City

WESLEY CHAPEL

State

FL

Zip Code

33544

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 10/12/2010

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	DANIEL HERNANDEZ	120 BOSPHOROUS AVENUE	TAMPA, FL. 33606
			10
		REINSTATEMENT	10/19/10
			B

10. E-mail Address: JOSE@ACCOUNTINGWORKSHOP.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:

[Signature] DANIEL HERNANDEZ

10/12/2010

813-846-7476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #