

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 DEC -7 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000058831

1. Corporation Name

MARIA BACALLAO, P.A.

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

9182 N.W. 177 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33018

Country

USA

Zip

Country

400163365504

12/07/09--01016--008 **300.00

REINSTATEMENT

08-09

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/2007

5. FEI Number

26-0202417

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

MARIA BACALLAO

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

9182 N.W. 177 TERR

Suite, Apt. #, Etc.

City

HIALEAH, FL

State

FL

Zip Code

33018

☒ 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

Maria Bacallao

REGISTERED AGENT MUST SIGN

Date

12-1-09

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	MARIA BACALLAO	9182 N.W. 177 TERR	HIALEAH, FL 33018

10. E-mail Address: MARIA BACALLAO.COM

Sold @ mariabacallao.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:

Maria Bacallao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-1-09 305-733-0971

Daytime Phone #