

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 22 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P14000008096**

1. Corporation Name

1335 Northwest Associates, INC

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

9245 Lakeside way

Suite, Apt. #, etc.

3. Mailing Office Address

9245 Lakeside Way

Suite, Apt. #, etc.

City & State

Gainesville Ga

City & State

Gainesville Ga

Zip

30506

Country

Forsyth

Zip

305606

Country

Forsyth

CR2E081 (11/10)

4. Date Incorporated or Qualified,
To Do Business in Florida
02/01/2014

5. FET Number

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

Lehrer Wallmann

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

188 N.E. 50th Terrace

Suite, Apt. #, Etc.

UP

City

Miami

State

FL

Zip Code

33137

400280314544
12/22/15--01008--003 **750.00

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

Lehrer Wallmann

Date **12/05/2015**

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 | Anna M Carrasco | 9245 Lakeside Way | Gainesville Ga, 30506 |
| | | | |
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10. E-mail Address: **carrasco1377@hotmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Anna M Carrasco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/2015

Date

470-201-7971

Daytime Phone #

K ASHTON