PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

92 APR -7 PM 12:47

DOCUMENT # **P92000008202**

1. Corporation Name

POMBO CORPORATION

Principal Place of Business	Mailing Address
18121 SW 138TH CT MIAMI FL 33177	18121 SW 138TH CT MIAMI FL 33177

If above addresses are incorrect in any way, line through incorrect information and enter corrected address.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
18120 SW 138 CT	18120 SW 138 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI, FL	MIAMI, FL
Zip: 33177 Country: USA	Zip: 33177 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/01/1992

5. FEI Number: 65-0371654 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Number)	City / State / Zip 4
PST	POMBO, SERGIO	18120 SW 138TH CT	MIAMI FL 33177
D	CASTILLO, MIGUEL V	CARRERA 66A 11-07 B EL LIMONAR	CALI VALLE COLOMBIA SA
VD	GONZALEZ, OMAYRA	18120 SW 138th CT	MIAMI, FL 33177

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-04/16/99--01076--003
****900.00 ****900.00

8. Name and Address of Current Registered Agent

POMBO, SERGIO
18120 SW 138TH CT
MIAMI FL 33177

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City | State: FL | Zip Code

CR2E040 (9/98)

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 _____ Date _____

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: _____ Date _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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