

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 27 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA2000014050

1. Corporation Name

Thunder Bay Associates, Inc.

2. Principal Office Address

P.O. Box 356

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33011

Country

USA

3. Mailing Office Address

P.O. Box 356

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33011

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/24/00

5. FEI Number

65-0509922

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

Manuel Rivero

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

59 East 16 Street

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33010

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

12/26/00

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	Manuel Rivero, Jr.	59 East 16 Street	Hialeah, Florida 33010
VPS	Manuel Rivero	59 East 16 Street	Hialeah, Florida 33010

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-444-8382

12/26/00

CR2E081 (9/99)