

APPLICATION  
FOR  
REINSTATEMENT



**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 1. Corporation Name

Principal Place of Business

Mailing Address

REINSTATEMENT 97-98  
90

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01-27-93

5. FEI Number

Applied For

65-0386928

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required for a Certificate of Status**

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTD	GOMEZ ALFREDO	7930 N.W 66th St.	Miami, Florida 33166
VSD	OLIVER H. MARTINEZ	3040 N.W 6th st.	Miami, Florida 33125
			600002608646--6 -08/05/98--01109--021 ****250.00 ****250.00
			600002608646--6 -08/05/98--01109--022 ****250.00 ****250.00

**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

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

REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

7/21/98

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 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

**Data**

Daytime Phone # \_\_\_\_\_