

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P 93000052609

1. Corporation Name **P. R. INVESTMENT ENTERPRISES INC.**

Principal Place of Business Mailing Address

**4800 WEST FLAGLER ST.
SUITE 209
MIAMI FL, 33134**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
P.O. BOX 5824

3. New Mailing Office Address, If Applicable
4800 W FLAGLER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

M. B

MIAMI FLA

Zip
33141

Country

DADE

Zip
33134

Country

DADE

FILED

97 APR -1 AM 10: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-97

4. Date Incorporated or Qualified
To Do Business in Florida

7/28/93

5. FEI Number

65 042 6824

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	REBECCA GARCIA	4800 W FLAGLER # 211	MIAMI 33134
V.P.	ADOLFO C. MIRABAL	4800 W FLAGLER # 211	MIAMI 33134

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-04/02/97--01076--023
*****1080.00 ***1080.00**

[Handwritten Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BECKY GARCIA
4800 W FLAGLER # 211
MIAMI FL, 33134

Name

SAME

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **03/31/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BECKY GARCIA

03/31/97

Date

(305) 4450080

Daytime Phone #

CR2E040 (12/96)