

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 FEB -6 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P930000 63202**

1. Corporation Name **GONZALEZ AND SON
MOVRS.**

Principal Place of Business Mailing Address
**13736 S.W 147th Ave Same
Line #2 Miami fl
33186**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida Sep 10, 1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0434875	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 94-97
AD

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
President	Sabias R Gonzalez	16475 S.W 148 Ave	Miami fl 33187
V. CE	Abraham S Gonzalez	11740 S.W 176 St	Miami fl 33177
President	ANA G Gonzalez	16475 S.W 148 Ave	Miami fl 33187
Secretary	ANA G Gonzalez	16475 S.W 148 Ave	Miami fl 33187
Treasurer	ANA G Gonzalez	16475 S.W 148 Ave	Miami fl 33187

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***1253.75 ***1253.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**11740 SW 176 ST
Miami fl 33177
Abraham S Gonzalez**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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 **Abraham S Gonzalez**
REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2- -97

Date

Daytime Phone #

(305) 8775122

CR2E040 (12/96)