

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 OCT 30 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000038923**

1. Corporation Name

**PIELAV IMPORT & EXPORT CORP.**

Principal Place of Business

**15151 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33162**

Mailing Address

**15151 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33162**



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

**960 PEMBERG RD.**

City & State

**Hallandale FL**

Zip

**33009**

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**05/24/1994**

5. FEI Number

**65-0494285**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>D</b>	<b>GUSTAVO, PIETRI</b>	<b>15151 WEST DIXIE HWY</b>	<b>N MIAMI BEACH FL</b>

**200002349672- 0**  
**-11/17/97--01157--008**  
**\*\*\*\*750.00 \*\*\*\*750.00**

8. Name and Address of Current Registered Agent

**HALVORSEN, MIRIAM  
10675 N.E. QUAYBRIDGE COURT  
MIAMI FL 33138**

9. Name and Address of New Registered Agent

Name

**GUSTAVO PIETRI**

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

**11541 SW 10th St.**

Suite, Apt. #, Etc.

City

**Pembroke Pines**

State

**FL**

Zip Code

**33025**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **OCT 27, 97**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**OCT 27, 97 (954) 4568277**

CR2E040 (8/97)