

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -4 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P-94000062154**

1. Corporation Name

Forty Eighty-five Corp.

2. Principal Office Address

4925 38th AVE N.

3. Mailing Office Address

2000 IOWA AVE NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33709

Country

USA

Zip

33703

Country

USA

REINSTATEMENT

03 04

4. Data Incorporated or Qualified
To Do Business in Florida

8-23-1994

5. FEI Number

650547846

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

Madelaine Fernandez

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

2000 IOWA AVE NE

Suite, Apt. #, Etc.

City

St. Petersburg.

State

FL

Zip Code

33703

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:

Madelaine Fernandez
REGISTERED AGENT MUST SIGN

Date

3-31-04

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
President	Madelaine Fernandez	2000 IOWA AVE NE	St Petersburg, FL 33703
V. Pres	Nelson Cabrera	" "	" "
Secretary	Sandra Cabrera	" "	" "

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:

Madelaine Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/04 (727) 215-2559

Daytime Phone #

2052

April 27, 2004

**Reinstate Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314**

I just wanted to let you know that the reason why this was not paid in time last year was because I never received the form. I called your office and they informed me to send a letter with the explanation of why it was not paid on time, they said I only needed to pay the \$300.00, and that would cover the 2003 and 2004.

I am writing this letter to get the penalty waived.

Enclosed please find a copy of the letter I received and the corporation reinstatement, that was also mailed back to me.

I can be reached at 727-215-2559.

Thanking you
In advance

Mullins J.

Madelaine Fernandez