

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 # P95000002939

1. Corporation Name

MINALE CORPORATION

Principal Place of Business

Mailing Address

**3621 S.W. 8TH STREET
MIAMI, FL 33135**

"SAME"

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/95

5. FEI Number

65-0548620

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)

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
P./D.	ALEJANDRO N. FERNANDEZ	1627 BRICKELL AVE., APT 2805	MIAMI, FL 33128
S./D.	IRMINA N. FERNANDEZ	(SAME ADDRESS FOR BOTH)	

8. Name and Address of Current Registered Agent

ALEJANDRO N. FERNANDEZ

9. Name and Address of New Registered Agent

Name

IRMINA N. FERNANDEZ

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

1627 BRICKELL AVE., APT. 2805

Suite, Apt. #, Etc.

APT. 2805

City

MIAMI

State

FL

Zip Code

33128

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 **04/30/98**

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

IRMINA N. FERNANDEZ

Date

04/30/98

Daytime Phone #

(305) 642-3166

REINSTATEMENT

017-98

FILED

98 MAY -4 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CP2E040 (12/96)