

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 21 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000003056

1. Corporation Name

PUERTO CYCLERY, INC.

Principal Place of Business

157 WESTWARD DRIVE  
MIAMI SPRINGS FL 33166

Mailing Address

157 WESTWARD DRIVE  
MIAMI SPRINGS FL 33166



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

01/12/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0559005

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PUERTO, CARLOS J	157 WESTWARD DRIVE	MIAMI SPRINGS FL 33166

200012971732  
02/21/03--01106--012 \*\*300.00

8. Name and Address of Current Registered Agent

CLARKSON, JUNE M ESQ.  
2640 HOLLYWOOD BLVD. STE. 201  
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name

CARLOS J. PUERTO

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

157 WESTWARD DR.

Suite, Apt. #, Etc.

City

MIAMI SPRINGS

State

FL

Zip Code

33166

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/25/03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/03

CR2040 (8/02)

Puerto Cyclery, Inc.  
Miami Spring Cyclery  
157 Westward Dr.  
Miami Springs, Fl. 3316  
Tel# 305-887-5068 Fax# 305-887-9973

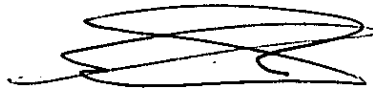
January 25, 2003

Florida Department Of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Reference: Reinstatement of Corporation and waiving of fees  
FEI Number: 65-0559005

This letter is to request the waiving of the reinstatement fees for this corporation. I have not received the (UBR) notices for renewal and the only form that I have received is the recent "Notice of Administrative Dissolution or Revocation". I ask that the Florida Department of State please consider the waiving of the reinstatement fees since I did not receive the proper forms along with the fact that this corporation is experiencing serious financial hardship. We have been incorporated since 1995 and promise to be aware of the renewal time for the new years to come. Thank you for your time regarding this matter and along with this letter I am sending the payment for the annual report.

Sincerely,



Carlos J. Puerto  
President