

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 # **P95000008135**

1. Corporation Name

PALMS CITY GROUND WORK, CORP.

Principal Place of Business

**8900 HAMMOCKS BLVD
APT 105
MIAMI FL 33196**

Mailing Address

**8900 HAMMOCKS BLVD
APT 105
MIAMI FL 33196**

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

2. New Principal Office Address, If Applicable

6490 W. 3rd. Ct.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6490 W. 3rd. Ct.

Suite, Apt. #, etc.

City & State

Hialeah, Florida

City & State

Hialeah, Florida

Zip

33012

Country

USA

Zip

33012

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

01/31/1995

5. FEI Number

65-0552031

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	ALONSO, JUAN	8900 HAMMOCKS BLVD APT 105 6490 W. 3rd. Ct.	MIAMI FL 33196 Hialeah, Florida 33012

400002545844--5

-06/03/98--01041--016

*****900.00 ***900.00**

REINSTATEMENT

**07-98
1/22/98
6/22/98**

8. Name and Address of Current Registered Agent

**ALONSO, JUAN
8900 HAMMOCKS BLVD
APT 105
MIAMI FL 33196**

9. Name and Address of New Registered Agent

Name

ALONSO JUAN

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

6490 W. 3rd. Ct.

Suite, Apt. #, Etc.

City

Hialeah,

State

FL

Zip Code

33012

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

Juan Alonso

REGISTERED AGENT MUST SIGN

Date

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:

Juan Alonso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/16/98

Daytime Phone #

CR20040 (8/97)