

APPLICATION  
FOR  
REINSTATEMENT



FILED

97 APR 28 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PAS 000021081

DANUBIO FARMS INC.

Mailing Address

7001 N.W. 25TH STREET  
MIAMI, FLORIDA 33122

**REINSTATEMENT** 96-97

4. Date Incorporated or Qualified  
To Do Business in Florida  
**3/14/1995**

<b>X</b>	Applied For
	Not Applicable

Country

6. CERTIFICATE OF STATUS DESIRED ☐

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address for each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.S.D.	HERNANDO GUTIERREZ	7001 N.W. 25 STREET	MIAMI, FLORIDA 33122
			600002164036--E -05/02/97-01113--007 ****915.00 ****915.00
			JB4-20-97

9. Name and Address of New Registered Agent

7001 N.W. 25 STREET  
MIAMI, FLORIDA 33122

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code	
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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 4-26-97

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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_