(1)

H98000002608 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1998 FEB -6 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000050457

1. Corporation Name: Pablo's Supplies, Inc.

Principal Place of Business / Mailing Address:

1611 West 60 Street
Suite # 109
Hialeah, Fl 33012

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable	3. New Mailing Address, if Applicable
1611 W. 60 St.	
Suite, Apt. #, etc.: 109	Suite, Apt. #, etc.
City & State: Hialeah, Fl	City & State
Zip: 33012 Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: December 31, 1995

5. FEI Number: 65-0589624 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres	Pablo A. Menendez	1611 West 60 St. Ste#109	Hialeah, Fl 33012

REINSTATEMENT '96-'98

SCC 2-6-98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Pablo A. Menendez 10720 West Flagler St. #11 Miami, Fl 33174	Name: Pablo A. Menendez Street Address (P.O. Box Number is Not Acceptable): 1611 West 60 Street Suite, Apt. #, etc.: 109 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: Pablo A. Menendez — Date: 1-29-98

REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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., and that all taxes owed by the corporation have been paid. 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: Pablo A. Menendez — 1-29-98

SIGNATURE AND TYPED OR PRINTED NAME OF SWORN OFFICER OR DIRECTOR — Date — Daytime Phone #

Prepared By: PABLO A. MENENDEZ 10720 WEST FLAGLER ST. #11 MIAMI, FL 33174 (305)617-0438

P95000050457 (2)

2/06/98 FLORIDA DIVISION OF CORPORATIONS 3:47 PM
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(((H98000002608 1)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: PABLO'S SUPPLIES, INC.
AUDIT NUMBER.....H98000002608
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..0 PAGES..... 1
CERT. COPIES.....0 DEL.METHOD.. FAX
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** ENTER 'M' FOR MENU. **