

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 JUL 21 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/28/00--01060--017
***1200.00 ***1200.00

DOCUMENT # **P-95000061474**

1. Corporation Name

Peter - Paul, Corp.

2. Principal Office Address

801 West 49st.

3. Mailing Office Address

SAME.

Suite, Apt. #, etc.

211

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Zip

33012

Country

Dade.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08-09-95

5. FEI Number

650600151

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jesus G. Rodriguez.

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

15621 SW 62st.

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33193.

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **7-20-00**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jesus Rodriguez	15621 SW 62st.	MIAMI FL 33193
VP	Guillermo Labrador	8181 NW 50th River Dr	Medley FL 33166

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.

RE

SIGNATURE:

REGISTERED AGENT MUST SIGN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-20-00 (305) 216-4869