

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
REINSTATEMENT



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

APPROVED
AND
FILED

97 NOV 10 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000084171

1. Corporation Name
FOUR COMMANDERS, INC.

Principal Place of Business
2805 COLLINS AVENUE
MIAMI BEACH FL 33140

Mailing Address
2805 COLLINS AVENUE
MIAMI BEACH FL 33140



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 11/02/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0627221	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

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
PD	CALDERON, DIOMILIO	4122 COLLINS AVENUE APT. 3B	MIAMI BEACH FL 33140
VD	CALDERON, IRMA	4122 COLLINS AVENUE APT. 3B	MIAMI BEACH FL 33140

600002345176--2
-11/12/97--01098--016
*****165.00 *****165.00

11/10

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALDERON, IRMA
4122 COLLINS AVENUE #3B
MIAMI BEACH FL 33140

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Irma Calderon
REGISTERED AGENT MUST SIGN

Date 10/30/97

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:

Irma Calderon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/97
Date

531-4702
Daytime Phone #

CR2E040 (8/97)

Miami Beach, October 30, 1997.

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL. 323146 6327

Dear Sir or Madam:

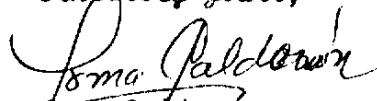
We received the Notice of Administrative Dissolution of our Corporation FOUR COMMANDERS, INC. and this is the first letter and mail that we are receiving from your office.

Our business started operating as of April 1997. Before that time we encountered too many problems with the City of Miami Beach and for that reason it took us 18 months to be able to open our business. Every piece of mail that was sent to this address was returned or lost, turning us unable to comply with our responsibilities.

We are immediately sending the Application, along with a check to take care of this matter.

We thank you in advance for your help.

Sincerely Yours,


Irma Calderon
Vice-President