

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 29 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P96000022900*

1. Corporation Name

*ABRASIVE Restoration of Orlando,
Inc.*

300023558213
10/06/03 --01002--001 **900.00

2. Principal Office Address

1442 Bahia Ave

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32807

Country

3. Mailing Office Address

1442 Bahia Ave

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32807

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

3/11/96

5. FEI Number

59-3373018

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

Enrique Alvarados

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

1442 Bahia Ave.

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32807

8. 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

[Signature]

Date

9-15-03

REGISTERED AGENT MUST SIGN

9. 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
<i>P</i>	<i>IVAN ALVAREZOS</i>	<i>1442 Bahia Ave. Orlando FL 32807</i>	<i>Orlando FL 32807</i>
<i>V</i>	<i>Enrique Alvarados</i>	<i>1442 Bahia Ave</i>	<i>Orlando FL 32807</i>

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-03

Date

*(401)
249-7757*

Daytime Phone #

CR2E081 (10/02)