

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT #

1. Corporation Name

P.I.A.L. Enterprise, Corp.

FILED

98 JUL -7 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2610 N.W. 7th St. Ste B
Miami, Fla 33125.

Mailing Address

same

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

7105 S.W. 8th St.

3. New Mailing Office Address, If Applicable

7105 S.W. 8th St.

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/96

Suite, Apt. #, etc.

310

Suite, Apt. #, etc.

310

5. FEI Number

65-0649798

Applied For

Not Applicable

City & State

Miami, Fla

City & State

Miami, Fla

Zip

33144

Country

U.S.A.

Zip

33144

Country

U.S.A.

6. CERTIFICATE OF STATUS DESIRED ☒

\$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
P	Pedro Gutierrez	7105 S.W. 8th St. Ste 310	Miami, FL 33144

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***308.75 ***308.75

8. Name and Address of Current Registered Agent

Pedro Gutierrez
2610 N.W. 7th St. Ste.B
Miami, FL 33125

9. Name and Address of New Registered Agent

Name

Pedro Gutierrez

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

7105 S.W. 8th St. Ste. 310

Suite, Apt. #, Etc.

City Miami

State
FL

Zip 33144

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/6/98

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/98

Date

Daytime Phone #

CR2E040 (1/98)