


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000054504**

1. Corporation Name

PUIG & PUIG, INC.

Principal Place of Business

Mailing Address

85 GRAND CANAL DR
STE 306
MIAMI FL 33144

~~85 GRAND CANAL DR~~ 12710 SW 27th
~~STE 306~~ Miami, FL 33175
~~MIAMI FL 33144~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL

Zip

Country

Zip

Country

33175

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/1996

5. FEI Number

65-0674589

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	PUIG, ENRIQUE	12710 SW 27TH TER.	MIAMI FL 33175

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PUIG, ENRIQUE
12710 SW 27 TER.
MIAMI FL 33175

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

SIGNATURE REQUIRED

Date

11/19/01

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Enrique Puig

11/19/01

305
258-7600

FILED

01 NOV 26 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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