

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070109

1. Corporation Name

A & BROTHERS, INC.

Principal Place of Business

14280 SW 142 STREET
#202
MIAMI FL 33186

Mailing Address

14280 SW 142 STREET
#202
MIAMI FL 33186



FILED

03 OCT 21 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

63

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1996

5. FEI Number

65-0693194

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ALEGRIA, DANIEL	7540 SW 134TH COURT	MIAMI FL 33183
VP	Alegria, Carmen G.	7540 SW 134 COURT	Miami, FL 33183

100023965531
10/21/03--01040--017 **150.00

8. Name and Address of Current Registered Agent

ALEGRIA, DANIEL
14280 SW 142 STREET #202
MIAMI FL 33186

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-13-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03

Date

Daytime Phone #

CR2E040 (7/03)

2 of 2

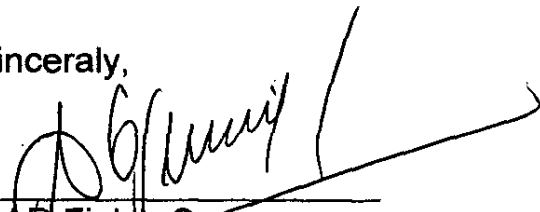
October 13, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

Dear Sir or Madam:

We are sending this applications for the reinstatement of our corporation A & Brothers, Inc. FEI#65-0693194, we ask for the waive of the reinstatement fee, because the two prior uniform business report (UBR) were not received. We included a check for the \$150.00 to file the report without penalty for a for-profit corporation.

sincerely,



DAR Finish Corp.
Daniel S. Alegria
President