

PLEASE, READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 OCT -4 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

896000092649

1. Corporation Name

**CHAMORRO'S CORPORATION**

800008288328--3

-10/09/02--01058--013

\*\*\*\*458.75 \*\*\*\*458.75

2. Principal Office Address

13774 N. KENDALL DRIVE

3. Mailing Office Address

13774 N. KENDALL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33186

Country

USA

Zip

33186

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/1996

5. FEI Number

65-0709656

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

ELIANA CHAMORRO

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

13774 N. KENDALL DRIVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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

Date 09/25/2002

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
PRES	ELIANA CHAMORRO	6651 SW 159 PL	MIAMI, FL 33193
SEC	FRANCISCO CHAMORRO	6651 SW 159 PL	MIAMI, FL 33193

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:

*Eliana Chamorro*  
ELIANA CHAMORRO

09/25/2002 305-386-8836

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

7/10/4/02

# **Chamorro's Corporation**

13774 N. Kendall Drive  
Miami, FL 33186  
305) 386-8836

September 25, 2002

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Sir or Madam:

Per our conversation with your office on this date, please be advised that we did not receive renewal forms since the year 2000. As we discussed, we would like to request that you waive the late filing fees and reinstate our corporation as soon as possible.

We are enclosing a check in the amount of \$458.75 to cover the costs of reinstatement and a certificate of status. Please contact us if you require any additional information. Thank you for your assistance.

Sincerely,



Francisco Chamorro  
Secretary / Registered Agent