

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000093524

1. Corporation Name

I SOTO AND SONS, INC.

Principal Place of Business

1009 29TH ST
IMMOKALEE FL 34142
US

Mailing Address

POST OFFICE BOX 1473
IMMOKALEE FL 34142

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

01/01/1997

5. FEI Number

65-0707726

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SOTO, IGNACIO	1009 29TH ST	IMMOKALEE FL 34142

8. Name and Address of Current Registered Agent

SOTO, IGNACIO
1009 29TH ST
IMMOKALEE FL 34142

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/28/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 NOV -6 AM 9:24

700008887547
11/20/02 011375008 **150.00



CR2E040 (8/02)

I SOTO & SON'S INC.

1009 N 29TH ST.

Immokalee Fl. 34142

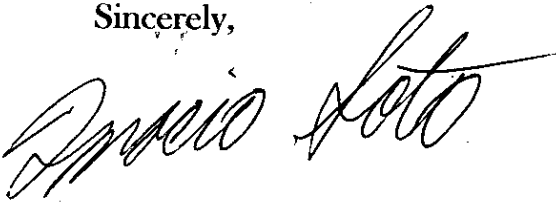
(239) 657-5200 Fax: (239) 657-5629

To Whom It May Concern,

We here at I Soto & Son's did not receive the two prior UBR notices.

Enclosed is \$150.00 dollar check for the report.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ignacio Soto", written in dark ink.

Ignacio Soto