

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 15 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000001573
1. Corporation Name 6781 Red Road Inc.

REINSTATEMENT 05-07
CR2E081 (12/05)

2. Principal Office Address <u>10015 SW 72 ST</u>		3. Mailing Office Address <u>10015 SW 72 ST</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI FL</u>		City & State <u>MIAMI FL</u>	
Zip <u>33173</u>	Country <u>Udade</u>	Zip <u>33173</u>	Country <u>Udade</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>11/1/97</u>	
5. FEI Number <u>65-0723987</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <u>Kristina M. Huer</u>		<u>300095811753</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>10015 SW 72 ST</u>		<u>04/04/07--01044--025 **150.00</u>	
Suite, Apt. #, Etc.		<u>300095811753</u>	
City <u>MIAMI</u>		State <u>FL</u>	Zip Code <u>33173</u>

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 [Signature] Date 11/13/06

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
<u>P</u>	<u>Kristina M. Huer</u>	<u>10015 SW 72 ST</u>	<u>MIAMI, FL 33173</u>

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 contained in Chapter 119, 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] Kristina Hernandez 11/13/06 305-7100625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[Signature] KRISTINA M. HUWER. 11/13/06

**6781 Red Road Inc.
10015 SW 72nd Street
Miami, FL 33173
305-279-4422**

November 10, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to respectfully request abatement of the Reinstatement Fee for my corporation due to non-receipt of the annual report notice. We processed a forwarding address with the United States Post Office when we relocated, but it seems to have been overlooked when the annual report was mailed to us. Attached, please find our application for reinstatement along with of check in the amount of \$150.00 for the Annual Report Fee and Corporate Supplemental Fee. Also, can you please change our address with the state and any other correspondence to read as stated above. If you have any questions, please do not hesitate to contact me.

Sincerely,


Kristina Hernandez
Owner

KRISTINA HERNANDEZ
