

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT # P97000004780**

1. Corporation Name

**REIS & FERNANDEZ, INC.**

Principal Place of Business

8890 CORAL WAY, STE. 210  
MIAMI FL 33165

Mailing Address

8890 CORAL WAY, STE. 210  
MIAMI FL 33165

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 98**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/16/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0726602	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Carlos Paiva de Andrada Reis	Av Duarte Pacheco Torre 1 4to Piso	1070 Lisboa, Portugal
Sec/Treas.	Andres Fernandez	11473 SW 75 Terr	Miami, FL 33173
VP	Maria do Rosario de Almeida Ribeiro	Av 24 de Julho 60 2nda Esq.	1200 Lisboa, Portugal

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\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERNANDEZ, ANDRES 8890 CORAL WAY, STE. 210 MIAMI FL 33165		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
		FL	

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	<b>REQUIRED</b>	Date
<i>Andres Fernandez</i>		11/16/98
REGISTERED AGENT MUST SIGN		

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:	<b>REQUIRED</b>	Date	Daytime Phone #
<i>Andres Fernandez</i>		11/16/98	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E040 (8/98)