

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 22 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P97000047049
ENVIOS HIDALGO, INC

2. Principal Office Address
209 S. MYRTLE AVE

Suite, Apt. #, etc.

City & State
CLEARWATER, FL

Zip
33756

Country
U.S.A

3. Mailing Office Address
209 S. MYRTLE AVE.

Suite, Apt. #, etc.

City & State
CLEARWATER, FL

Zip
33756

Country
U.S.A

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida 5/27/1997

5. FEI Number

59-3452768

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
ROBERT J. CRAIG

Street Address (P.O. Box Number is Not Acceptable)
209 S. MYRTLE AVE

Suite, Apt. #, Etc.

City
CLEARWATER

State
FL

Zip Code
33756

100054224551
05/10/05--01082--001 **\$300.00

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

Robert J. Craig

REGISTERED AGENT MUST SIGN

Date APRIL 8, 2005

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
C	ROBERT J. CRAIG	209 S. MYRTLE AVE	CLEARWATE, FL. 33756
P	MA. VICTORIA JOHNSON	3516 S. OUTER BELT RD.	OAK GROVE, MO 64075
V	JOHN W. JOHNSON	3516 S. OUTER BELT RD	OAK GROVE, MO 64075
V	JACQUELINE L. CRAIG	209 S. MYRTLE AVE	CLEARWATER F, 33756

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

MA Victoria Johnson
MA. VICTORIA JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 8, 2005

Date

(727) 441-8311

Daytime Phone #

514a

212



Envios Hidalgo, Inc.

Ma. Victoria Johnson
President
209 S. Myrtle Ave.
Clearwater, FL 33756

Telephone (727) 441-8311
Fax (727) 441-8311

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

April 8, 2005

We have been registered with the Department of State since 1997. In 2004 we did not receive any notification or papers for our annual report. The last report we filed was on January 2003. This month, while finishing our annual audit, our auditor noticed that our corporation had an inactive status with your department. He notified me immediately, and that is why I am writing this letter today.

I would like to submit our annual report for the year 2004 and of course for the year 2005. I am asking for the reinstatement fee to be waived as we did not dissolve the corporation and because we did not receive any notification to submit our annual report.

I am enclosing a check for the amount of \$300.00 made out to the Department of State \$150.00 for year 2004 and \$150.00 for the year 2005.

Thank you so much for your understanding of this matter,

Sincerely,

Victoria Johnson
President
Envios Hidalgo, Inc.