

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 26 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 9700053900

1. Corporation Name

126 Enterprises, INC

REINSTATEMENT 07 PCH

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

7582 NW 70 St.

Suite, Apt. #, etc.

3. Mailing Office Address

7582 NW 70 St

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

Country

33166

Miami-Dade

Zip

Country

33166

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1997

5. FEI Number

650887702

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

Joslyn Martinez

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

640 WEST 72 PLACE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33014

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

X Joslyn Martinez

REGISTERED AGENT MUST SIGN

Date 09/24/07

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>Joslyn Martinez</u>	<u>640 W. 72 PLACE</u>	<u>Miami-Dade FL 33014</u>

600110248526
10/04/07--01005--002 **150.00

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:

X Joslyn Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/24/07

Date

305-468-8080

Daytime Phone #