

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 26 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000054537

1. Corporation Name

RELIABLE DEVELOPERS, INC.

2. Principal Office Address

8201 SW 100 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33156

Country

USA

3. Mailing Office Address

8201 SW 100 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33156

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 06/20/1997

5. FEI Number

650846228

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

FRANCISCO J. HERNANDEZ, SR.

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

8201 SW 100 ST.,

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33156

03/09/04 0049013750
000031291860
03/26/04-01100-005 **150.00

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

REGISTERED AGENT MUST SIGN

Date 3/22/04

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
	ERELIO PENA / D	3600 TOLEDO ST.	CORAL GABLES, FL. 33134
	FRANCISCO J. HERNANDEZ JR. / D	7941 SW 89 TERRACE	MIAMI, FL. 33156

REINSTATEMENT 03-04

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/22/04

Daytime Phone #

305 271 8029

CR2E001 (01/04)