

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 5:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056145

1. Corporation Name

A&M WESTERN & PASO FINO CENTER CORP.

Principal Place of Business

4145 S.W. 98TH AVE.  
MIAMI FL 33165

Mailing Address

4145 S.W. 98TH AVE.  
MIAMI FL 33165

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/26/1997

5. FEI Number

65-0762922

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
D	GALERA, ALBERTO	5501 SOUTHWEST 134TH AVENUE	MIAMI FL 33175

800008783168  
11/04/02-01064-003 \*\*150.00

8. Name and Address of Current Registered Agent

GALERA, ALBERTO  
4145 S.W. 98TH AVE.  
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Alberto Galera* NATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/29/02

11. 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 OF ALBERTO GALERA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/29/02  
Daytime Phone #

October 29, 2002

Florida Department of State  
Division of Corporations

RE: P97000056145, A&M WESTERN & PASO FINO CENTER CORP.

Dear Sir or Madam:

This is to request the abatement of the reinstatement fee of the above referenced corporation under administrative dissolution.

The notice of administrative dissolution is the first communication I have received from your office.

Enclosed is the application for reinstatement I received from your office as well as my check in the amount of \$150.00,

Thank you for your assistance in this matter.



Alberto Galera, Director and President