

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -1 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000057046

1. Corporation Name

CONPART, INC.

Principal Place of Business

10012 NW 53 STREET
SUNRISE FL 33351
US

Mailing Address

10012 NW 53 STREET
SUITE 240
SUNRISE FL 33351
US

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

2. New Principal Office Address, If Applicable

10136 NW 53 ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

Zip

33351

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/1997

5. FEI Number

65-0797271

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	FILHO, ADALBERTO B	1719 N.W. 79TH AVE.	MIAMI FL 33126

8. Name and Address of Current Registered Agent

EVRISTO, SOARES
11191 BEDHAWK ST
PLANTATION FL 33324

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

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

REGISTERED AGENT MUST SIGN

Date

10/31/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/03

Daytime Phone #

CR2E040 (7/03)

CONPART INC.

October 31, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS / REINSTATEMENT SECTION
ATTN: BARBARA MITCHELL
P.O. BOX 6327
TALLAHASSEE, FL 32314

REF: REQUEST FOR WAIVER OF REINSTATEMENT FEES
CONPART INC.
REF. # P97000057046

Dear Ms. Mitchell:

This letter is to request the reinstatement of CONPART INC. and waive or reduce the penalties as outlined on your letter dated September 9th.

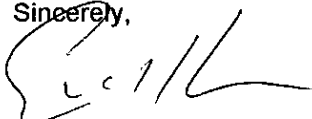
We sent the forms and check to file the Uniform Business Report early on January and after we reconciled our bank account and saw our check had cleared the bank we thought everything was ok.

All letters and filings were handled by our Accountant. Also, our main officer for the company resides overseas and apparently that's why the delay in having him sign the form sending it back and forth.

Once again we assumed everything was fine since our Accountant was taking care of this problem, but just today we received the letter of dissolution or revocation and realized that apparently they hadn't really done much.

The company is going through some difficult times at this time so I appeal to your understanding and ask you to help us in any possible way to either waive or at least reduce the fee and reinstate our Corporation.

Sincerely,



Evaristo Soares
MANAGER