

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

98 DEC 31 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT
98 AR
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PM000064612**
1. Corporation Name **JOSEPH TRIANA Sales INC**

Principal Place of Business Mailing Address
DBA. Mega Development USA. 2801 NW 2nd Ave
MIAMI, FL 33127

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	JOE R TRIANA	4169 SW 142 AVE	MIAMI, FL 33127
SEC	ESTHER C. TRIANA	" "	" "

800002730958--4
-01/05/99--01086--012
***150.00 ***150.00
\$89 12/31

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LADISLAV VIGO
6866 W. Flagler
MIAMI, FL 33144

Name **JOE TRIANA**
Street Address (P.O. Box Number is Not Acceptable) **4169 SW 142 AVE**
Suite, Apt. #, Etc. **MIAMI FL 33127**
City **MIAMI** State **FL** Zip Code **33127**

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/28/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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)(b), 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

12/28/98 305-576-3355
Date Daytime Phone #

CR2040 (1/98)

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHJASEE, FL 32314**

GENTLEMAN.

**THANK YOU FOR COURTESYS EXTENDED IN OUR RECENT PHONE
CONVERSATIONS.**

**ENCLOSE YOU WILL FIND OUR CHECK TO COVER THE 150.00
REQUESTED AND THE
APLICATION COMPLETELY FILLED OUT.**

**AS WE EXPLAINED BEFORE OVER THE TELEPHONE , WE NEVER
RECEIVED THE COPIES OR NOTIFICATIONS TO RENEW, HAD WE
RECEIVED IT THIS WOULD HAVE BEEN TAKEN CARE OF BEFORE.
WE HAVE GIVEN YOU OUR OFFICE ADDRESS FOR YOU TO USE IN
FUTURE NOTIFICQIONS
OR OUR HOME ADDRESS ALSO ENCLOSES. WE HAVE ALSO
CHANGED THE REGISTERED AGENT.**

THANKS FOR YOUR ATTENTION.

A handwritten signature in black ink, appearing to read 'J. Triana', with a stylized flourish at the end.

JOSEPH TRIANA