

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN 15 PM 4:44
STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
P97000077290 REYES & SONS, INC

2. Principal Office Address
1645 W 31st Place

3. Mailing Office Address
1645 W 31st Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah, Fl.

City & State
Hialeah, Fl.

Zip
33012

Country
US

Zip
33012

Country
US

REINSTATEMENT 03-05
08/13/03 01002 018 \$150.00
05-25-05 01638 003 \$1450.00

4. Date Incorporated or Qualified
To Do Business in Florida 09/04/97

5. FEI Number
65-0777523

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Ray Perez & Associates, PA

Street Address (P.O. Box Number is Not Acceptable)
13935 NW 1st Ave

Suite, Apt. #, Etc.

City
Miami, Fl.

State
FL

Zip Code
33168

06/21/05--01054--011 ***45 1.00

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 *Emiliano Reyes*
REGISTERED AGENT MUST SIGN

Date 05/17/05

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
P	Emiliano L Reyes	1645 W 31st Place	Hialeah, Fl. 33012
TD	Cristina Reyes	1645 W 31st Place	Hialeah, Fl. 33012
VD	Emiliano Reyes	1645 W 31st Place	Hialeah, Fl. 33012

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: *Emiliano Reyes* President 05/17/05 305-819-9689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRJ0001 (01/05)