


PS 122

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
04 AUG -9 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # P97000092871**

**1. Corporation Name**  
AUGUSTO PAZ & SONS CORP.

9809 NW 80 AVENUE  
9809 NW 80 AVENUE

<b>2. Principal Office Address</b> 9809 NW 80 AVENUE		<b>3. Mailing Office Address</b> 9809 NW 80 AVENUE	
Suite, Apt. #, etc. BAY # 9-W		Suite, Apt. #, etc. BAY # 9-W	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33016	Country USA	Zip 33016	Country USA

**4. Date Incorporated or Qualified To Do Business in Florida** 02/22/2001

**5. FEI Number** 650790584 **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  
CARLOS PAZ

Street Address (P.O. Box Number is Not Acceptable)  
9809 NW 80 AVENUE

Suite, Apt. #, Etc.  
BAY # 9-W

City  
MIAMI

State  
FL

Zip Code  
33016

**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 *[Signature]* Date 07/29/2004

REGISTERED AGENT MUST SIGN

**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
VSD	PAZ, MIGUEL A	9809 NW 80 AVENUE, BAY # 9-W	MIAMI, FLORIDA 33016
VSD	PAZ, CARLOS	9809 NW 80 AVENUE, BAY # 9-W	MIAMI, FLORIDA 33016
VSD	PAZ, JOSE M	9809 NW 80 AVENUE, BAY # 9-W	MIAMI, FLORIDA 33016

900040288919  
08/18/04--01050--004 \*\*150.00

**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]* Date 07/29/2004 Daytime Phone # 305-593-1115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

B 272

Miami, July 29<sup>TH</sup>, 2004

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: ~~AUGUSTO PAZ & SONS, CORP~~  
Doc Number P97000092871

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2004 Uniform Business Report. We think it was sent to a different location.

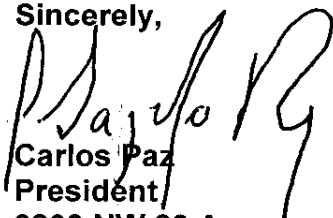
We are enclosing a check for \$150 to cover the following fees:

2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2002.

Your consideration will be greatly appreciated.

Sincerely,

  
Carlos Paz  
President  
9809 NW 80 Avenue  
Miami, FL 33016