LAZARUS 2281440 P.01

99 AR

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV -1 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000024872

Corporation Name: Comsilwol Rags Inc

Principal Place of Business	Mailing Address
6860 NW 37 Ct Hialeah FL	6860 NW 37 Court Hialeah Fl.

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
2225 E 10 Avenue-	2225 E 10 Avenue-
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Hialeah Fl	City & State: Hialeah Fl
Zip: 33010 Country: USA	Zip: 33010 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/17/98

5. FEI Number: 65-0835808

Apostille
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Type(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
P	Olga Silva	5722 W 2nd Avenue-	Hialeah Fl. 33013
VP	Nancy Comesanas	708 SW 100 Ct Circle	Miami Fl 33174
S/T	Nidia Wolfe	3130 SW 18 Street	Miami Fl 33145

900003033219--2
-11/02/99--01101--022
****158.75 ****158.75

LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Olga Silva 5722 W 2nd Avenue Hialeah Fl. 33013	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City / State: FL / Zip Code

I am 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: ✓ Date: 10/28/99
REGISTERED AGENT MUST SIGN

11 This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

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 with respect to 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 taxes 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 contained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: ✓ 10/31/99 (305) 696-9010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Olga Silva

10-28-99 14:40 TO: FROM:2281440 P01

October 28, 1999

Secretary of State
Div of Reinstatement
Tallahassee Florida.

Re: COMSILWOL RAGS INC -DOCUMENT # p98000024872

Enclosed please find Application for Reinstatement for the above named corporation.

As you can see our address was changed and for that reason the 1999 annual report never was delivered to us.

We are enclosing a check in the amount of $ 158.75 to cover the filing fee for 1999 plus certificate of status.

We do appreciate you consider this with original filing fee, and remain,

Sincerely

Comsilwol Rags Inc

Olga Silva, President