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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: 6860 NW 37 Ct Hialeah Fl

Mailing Address: 6860 NW 37 Court Hialeah Fl.

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

New Principal Office Address, If Applicable: 2225 E 10 Avenue
Suite, Apt. #, etc:
City & State: Hialeah Fl
Zip: 33010 Country: USA

3. New Mailing Office Address, If Applicable: 2225 E 10 Avenue
Suite, Apt. #, etc:
City & State: Hialeah Fl
Zip: 33010 Country: USA

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

5. FEI Number: 65-0835808
Applied For / Not Applied For

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 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
P	Olga Silva	5722 W 2nd Avenue	Hialeah Fl. 33013
VP	Nancy Comesanas	703 SW 100 Ct Circle	Miami Fl 33176
S/T	Nidia Wolfe	3130 SW 18 Street	Miami Fl 33145

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8. Name and Address of Current Registered Agent
Olga Silva
5722 W 2nd Avenue
Hialeah Fl. 33013

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 hereby 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.)

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

SIGNATURE: ✓ 10/28/99 Date (305) 696-9010 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Olga Silva

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