

DOCUMENT # 98000024172
Corporate Name
Comsilwol Rags Inc

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6860 NW 37 CT
Hialeah FL
Mailing Address
6860 NW 37 COURT
Hialeah FL.

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

1. Current Principal Office Address, If Applicable 2225 E 10 Avenue - Suite, Apt. #, etc	3. New Mailing Office Address, If Applicable 2225 E 10 Avenue - Suite, Apt. #, etc	4. Date Incorporated or Qualified To Do Business in Florida 3/17/98
City & State Hialeah FL	City & State Hialeah FL	5. FEI Number 65-0835808
Zip 33010	Country USA	6. CERTIFICATE OF STATUS DESIRED ☒ \$875 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	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 COMESA JAS	703 SW 100 CT Circle	Hialeah FL 33176
S/T	NIDIA WOLFE	3130 SW 18 Street	Hialeah FL 33145
300003033219-2 -11/02/99--01101--022 ****158.75 ****158.75			
LS			

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

SIGNATURE: OLGA SILVA
Signature and Typed or Printed Name of Signing Officer or Director
Date 10/28/99
Daytime Phone # (305) 696-9010

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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.

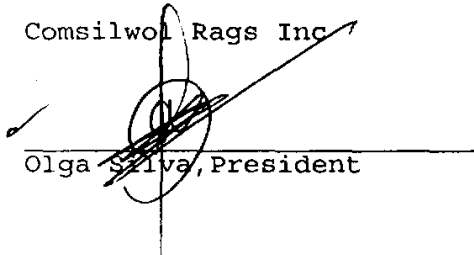
As you can see our address was changed and for that reason
the 1999 annual report never was delivered to us.

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