

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 SEP 19 PM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P98 0000 59827*

1. Corporation Name

Plus Investment & Remodeling, INC.

2. Principal Office Address

16818 NW 82 ct.

3. Mailing Office Address

P.O. Box 171108

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Hialeah FL

Zip

33016

Country

USA

Zip

33017

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/6/98

5. FEI Number

605-0852496

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

Eliades Diaz

Street Address (P.O. Box Number is Not Acceptable)

16818 NW 82 ct

Suite, Apt. #, Etc.

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

Eliades Diaz

REGISTERED AGENT MUST SIGN

Date *8-28-00*

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
PSTD	<i>Diaz, Eliades</i>	<i>7510 W 18 Ave</i>	<i>Hialeah FL 33014</i>
VPD	<i>Diaz, Odalis M</i>	<i>16818 NW 82 ct</i>	<i>Miami FL 33016</i>

REINSTATEMENT

99-00

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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:

Odalis M. Diaz - V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-00
Date

(305) 823-9656
Daytime Phone #