

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 23 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P98000061443

1. Corporation Name

PAULINHO SALES INC.

2. Principal Office Address

245 SE 1ST STREET

Suite, Apt. #, etc.

SUITE 327

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida.

7/10/1998

5. FEI Number

65-0850220

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DALCOMUNE, PAULO

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

245 SE 1ST STREET

Suite, Apt. #, Etc.

SUITE 327

City

MIAMI

State Zip Code

FL 33131

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



REGISTERED AGENT MUST SIGN

Date

05/14/03

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
D	DALCOMUNE, PAULO	1950 KEYSTONE BLVD	NORTH MIAMI BEACH, FL 33181
			300019950243 05/23/03--01079--016 **300.00
			300019950243 05/23/03--01079--017 **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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/14/03

Date

305 377 2899

Daytime Phone #

21 5/28