

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000064587**

1. Corporation Name

EL NUEVO GALLITO PET SHOP, INC

Principal Place of Business

Mailing Address

3001 SW 107 AVE.
MIAMI FL 33165

3001 SW 107 AVE.
MIAMI FL 33165

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/1998

5. FEI Number

65-0862769

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. 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	4. City / State / Zip
PD	IGLESIAS, MARTA	11771 SW 26TH TERRACE	MIAMI FL
SD	ROSA, SONIA	11771 SW 26TH TERRACE	MIAMI FL

800003050198--7

11/19/99-01091-004

*****750.00 *****750.00

REINSTATEMENT 99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSA, SONIA C
3001-A-SW 107TH AVENUE
MIAMI FL 33165

Name
Marta M Iglesias
Street Address (P.O. Box Number is Not Acceptable)
3001 SW 107 AVE
Suite, Apt. #, Etc.

City
MIAMI
State
FL
Zip Code
33165

10. 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

Marta M Iglesias
REGISTERED AGENT MUST SIGN

Date **10-23-99**

11. 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:

Marta M Iglesias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-23-99** Daytime Phone # **(305) 222-5668**

CS25040 (8/99)