

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 17 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000069401

1. Corporation Name

AMAYA PLASTERING, INC.

900004785329--7

-01/22/02--01006--008

****908.75 ****908.75

2. Principal Office Address

1166 SW 19 AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33135

Country

DADE, USA

3. Mailing Office Address

1 SAME.

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

03-10-98

5. FEI Number

65-0856758

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

VICTOR M. AMAYA

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

1166 SW. 19 AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33150

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

Date 01-16-02

REGISTERED AGENT MUST SIGN

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
PS	VICTOR M. AMAYA	1166 SW. 19 AVE.	MIAMI, FL 33135

REINSTATEMENT 01-02-02

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

01-16-02

Date

Daytime Phone #