

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P98000012727**

1. Corporation Name

Astro Industrial C. Por A. Inc

2. Principal Office Address

7444 NW 8 Street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33126

Country

USA

3. Mailing Office Address

7444 NW 8 Street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33126

Country

USA

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

8/20/98

5. FEI Number

65-0857505

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

Angel F. Fernandez-Bergnes PA

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

7490 W. Flagler Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

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

Angel F. Fernandez-Bergnes
REGISTERED AGENT MUST SIGN

Date

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
PSD	Olivier, Eddy	7444 NW 8 St.	Miami FL 33126
V	Bueno, Marisol	7444 NW 8 St.	Miami FL 33126

REINSTATEMENT

2000

afm

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:

afm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 265-9141

Daytime Phone #

CR2E081 (9/99)