

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 21 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98-000087644**

1. Corporation Name

Suelatex Corporation

2. Principal Office Address

1773 NW 21 Terr

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 01-0067

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

Country

USA

Zip

Country

33101

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/7/98

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-01

7. Name and Address of Current Registered Agent

Name

Adolfo Jimenez

900.00-Adm

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

1773 NW 21 Terr

61.25-AE

Suite, Apt. #, Etc.

88.75-ARsup

City

MIAMI

State

FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Adolfo Jimenez

REGISTERED AGENT MUST SIGN

Date

5/10/01

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
P/D	Adolfo Jimenez	1773 NW 21 Terr	MIAMI, FL

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-07/20/01-01102-007

*****1050.00 ***1050.00**

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)(g), 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:

Adolfo Jimenez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/10/01

Daytime Phone #

(305) 634-1630

CR2081 (9/00)