

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 8:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P98000091774**

1. Corporation Name

VELEZ ELECTRIC, INC.

Principal Place of Business

Mailing Address

106 W GENESSEE ST
TAMPA FL 33603

P.O. BOX 7126
TAMPA FL 33673



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

10/28/1998

5. FEI Number

59-3543061

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	VELEZ, WILBERTO	1916 N 60 STREET	TAMPA FL 33603
VD	VELEZ, MARIA M	1916 N 60 STREET	TAMPA FL 33603

600023805296

10/15/03--01022--012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VELEZ, MARIA H
106 W GENESSEE ST
TAMPA FL 33603

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Date **10/8/03**

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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

Date

Daytime Phone #

(813)
10/8/03 **234-1112**

CR2E040 (7/03)

**VELEZ ELECTRIC INC.,
P.O. Box 7126
Tampa, Fl 33673-7126
813-234-1112fax231-7180**

October 8,2003

**To : Division of Corporation
Ref: Application for reinstatement**

To Whom It May Concern:

I have received a letter from the department of division stating Velez Electric Inc, and Hurricane Boxing Gym Inc., have an Dissolved and Revoked Status. I will appreciate if you can submit two applications for reinstatement as soon as possible we are a very responsible Corporation. We did not receive the filling documentation for these corporation. I will appreciate if waiver can be done since we did not receive filing Application for any of our corporations. Thanking you in advance for your assistance. If an application can be faxed. I will greatly appreciate it. We need this issue resolved as soon as possible.

Thank you,

**Sincerely,
Marta Velez
Vice president**

