

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

DOCUMENT # **P98000104742**

1. Corporation Name

SURTIDOR DE AVES, INC.

99 NOV 29 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

13714 SW 88 ST.
MIAMI FL 33186

Mailing Address

13714 SW 88 ST.
MIAMI FL 33186

99 ARC



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1998

5. FEI Number

65-0936210

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
D	OSWALDO HERNANDEZ S., IVAN	13714 SW 88 ST.	MIAMI FL 33186
D	SIERRA LEON, JORGE E	13714 SW 88 ST.	MIAMI FL 33186

8. Name and Address of Current Registered Agent

OSWALDO HERNANDEZ, IVAN
13714 SW 88 ST.
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name *Oswaldo Hernandez, Ivan*
Street Address (P.O. Box Number is Not Acceptable) *1618 W. 68th St.*
Suite, Apt. #, Etc.
City *Hialeah* State **FL** Zip Code *33012*

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *11-20-99*

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

11-20-99

(305) 512-0298

CR20040 (8/99)

November 19, 1999
Ref: "Gutidor de Aves, Inc."
Document # P98000104742
1618 W. 68 St.
Miami, Fla. 33012

Division of Corporations
Annual Reports
Tallahassee, Fl. 32314

Dear Sir or Madam: As per conversation in
this date concerning dissolution of our corporation,
due to a question letter sent in May, because line 12 was not
signed, I want to inform, that the letter was never
received. I am here enclosing copy of payment and
a return receipt as it was paid on time, I am
sorry for this inconvenience, and I hope this clear
the situation of the dissolution, and our corporation
could be reinstated, please any information send
it to: 1618 W 68 St. Mia. Fla. 33012, this is the
business address, because this address is more
accurate for us. Thanks very much for your
attention to this matter.

Sincerely yours,

