

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000105821

1. Corporation Name

RECLASS, INC.

Principal Place of Business

1893 NORTHEAST 159TH STREET
N MIAMI BEACH FL 33162

Mailing Address

1893 NORTHEAST 159TH STREET
N MIAMI BEACH FL 33162

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

12/22/1998

5. FEI Number

65-0883826

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
PSTD	MENDONCA, CARLOS	1893 NORTHEAST 159TH STREET	N MIAMI BEACH FL 33162

400004674724--8
-11/13/01--01004--013
****150.00 ****150.00

01 UNCL

8. Name and Address of Current Registered Agent

MENDONCA, CARLOS
1893 NE 159TH STREET
N MIAMI BEACH FL 33162

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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:

CARLOS MENDONCA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 15, 2001

Page 2

RECLASS, Inc.
1893 NE 159th Street
N Miami Beach, FL 33162

October 15, 2001

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327


Dear Representative,

Please be advised that I have not filed the Annual Report for the last year because I was hospitalized due to a car accident which left me in a coma for 35 days and left in the hospital for 3 months. After the hospitalization, I was taken to Portugal to recuperate with my family and I just returned in July 27, 2001. I was very disabled after the accident.

When I finally got to my mail, I noticed this cancellation of the corporation. Due to these extreme circumstances, I ask that you consider forgiving the severe \$600.00 penalty and accept my check for \$150.00 to reinstate my corporation.

I have included a copy of my hospital bill and a copy of my passport re-entry into the US. Thank you for your consideration to this matter,

Respectfully submitted,


Carlos Mendonca
President