

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

00 OCT 12 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000008158**

1. Corporation Name

**ALOTTA PRESSURE, Inc.**

2. Principal Office Address

**911 NW 209 Ave**

Suite, Apt. #, etc.

**#123**

City & State

**Pembroke Pines, FL**

Zip

**33029**

Country

**USA**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/25/99**

5. FEI Number

**65-0893532**

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

**Benjamin Rodriguez**

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

**911 NW 209 Ave**

Suite, Apt. #, Etc.

**#123**

City

**Pembroke Pines**

State

**FL**

Zip Code

**33029**

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

*[Signature]*

Date

**10/15/00**

REGISTERED AGENT MUST SIGN

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
Pres.	Benjamin Rodriguez	911 NW 209 Ave #123, Pembroke Pines, FL	33029

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Benjamin Rodriguez, Pres. 10/15/00 954-438-4011**

Date

Daytime Phone #

10/4/00

208

Dear Sirs,

Please note that we  
mailed in our original  
application along with a check  
the middle of April. We  
~~never received it back and~~  
thought it had been processed.

As soon as we realized  
it had not we requested a new form  
and are sending it you. Please waive  
the lab fees

Thank,

B. Rodriguez