

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 20 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000012608**

1. Corporation Name

Petardvest, inc

2. Principal Office Address

465 OCEAN DR.

Suite, Apt. #, etc.

#1004

City & State

Miami Beach FL

Zip

33139

Country

USA.

3. Mailing Office Address

465 OCEAN DR

Suite, Apt. #, etc.

#1004

City & State

Miami Beach FL

Zip

33139

Country

USA.

000014385630

03/20/03--01006--015 **308.75

4. Date Incorporated or Qualified
To Do Business in Florida

February 9, 1999

5. FEI Number

650898341

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

Victor M. Suarez

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

3850 SW 87th AVENUE

Suite, Apt. #, Etc.

#203

City

Miami

State
FL

Zip Code

33165

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

REGISTERED AGENT MUST SIGN

Date **3-18-03**

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
President Director	ALFRED Lobat	465 Ocean Dr. #1004	Miami FL 33139

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-03

Date

305-205-5435

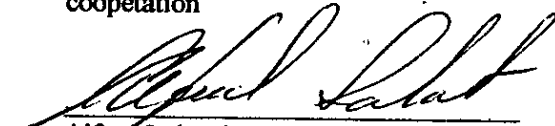
Daytime Phone #

03-18-03

Florida Department of State
Secretary of State
Division of Corporation

Re: Petardvest inc. Reinstatement.

The corporation moved to 465 ocean dr. Miami Beach, Fl. did not receive the form
Please excuse the oversight and it wont happen again. Thank you for your
coopetation


Alfred Labat President