


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

CORPORATION
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 19 PM 4:05

DOCUMENT # P99000023862

1. Corporation Name

Pegasus Interior's Inc.

2. Principal Office Address

4621 SW 99 AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

3. Mailing Office Address

4621 SW 99 AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 10 99

5. FEI Number

65-0904383

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

Paula Diaz

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

4621 SW 99 AVE

Suite, Apt. #, Etc.

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

Paula Diaz

Date

9/30/01

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	Paula Diaz	4621 SW 99 AVE	Miami, FL 33165
V.P.	Lazaro Lopez	4621 SW 99 AVE	Miami, FL 33165

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:

Lazaro Lopez LAZARO LOPEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/01 365.5590277

Date

Daytime Phone #

1032

20f2

PEGASUS INTERIORS INC
4621 SW 99 AVE
MIAMI, FL. 33165

09/30/01

AS PER OUR PHONE CALL WE ARE SENDING YOU THE \$300.00 YOU HAVE REQUESTED.
THIS WAS DUE TO THE FACT THAT WE NEVER RECEIVED ANY NOTICE ABOUT THIS, AND
WOULD HAVE NOT KNOWN IF WE HADN'T FILE FILED FOR OUR WORK COMP EX.

THANK YOU FOR YOUR HELP IN THIS MATTER.