

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 PM 4:16

DOCUMENT # P99000030176

1. Corporation Name

INVESTMENTS HERIAS, INC.

Principal Place of Business

Mailing Address

940 ORIOLE AVENUE
MIAMI SPRINGS FL 33166

940 ORIOLE AVENUE
MIAMI SPRINGS FL 33166



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0908051

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ARIAS, GAMALIEL	940 ORIOLE AVENUE	MIAMI SPRINGS FL 33166
SD	ARIAS, CARMENZA	940 ORIOLE AVENUE	MIAMI SPRINGS FL 33166
TD	ARIAS, RICARDO	940 ORIOLE AVENUE	MIAMI SPRINGS FL 33166
D	HERNANDEZ, RUTH C	940 ORIOLE AVENUE	MIAMI SPRINGS FL 33166
D	ARIAS, ALBA L	940 ORIOLE AVENUE	MIAMI SPRINGS FL 33166
D	ARIAS, JORGE A	940 ORIOLE AVENUE	MIAMI SPRINGS FL 33166

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

500003459495--7
ARIAS, GAMALIEL
940 ORIOLE AVENUE
MIAMI SPRINGS FL 33166
-11/09/00--01105--025
****150.00 ****150.00

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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]

REQUIRED

Date

10/17/00

REGISTERED AGENT MUST SIGN

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00

Date

Daytime Phone #

CR2E040 (8/00)

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October 16, 2000

Florida Department of State
Division of Corporations
Annual report/Reinstatement Section
P.O. BOX 6327
Tallahassee, FL 32314-6327

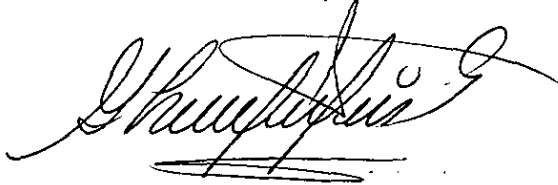
Re: Investments Herias, Inc..
Doc. # P99000030176

Gentlemen:

In reference to your notice of Dissolution for the Corporation please be advised that this is the first time we have received any notice from you, otherwise we would have paid our dues.

Please accept our check in the amount of \$150.00., since we were not aware of this and is our first time running a Company. We will make sure that from now on we will keep up to date with the annual fee. We apologized for the inconvenience.

Sincerely,
Investments Herias, Inc.

A handwritten signature in cursive script, likely belonging to a representative of Investments Herias, Inc. The signature is written in dark ink and is positioned below the typed name.