

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

FILED

01 NOV -2 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P99000043708

1. Corporation Name

TAMIAMI TRAIL ELECTRIC & PLUMBING SUPPLY CORP.

Principal Place of Business

Mailing Address

~~1030 SW 12TH COURT~~

~~MIAMI FL 33175~~

1055 S.W. 8th St.  
MIAMI FL 33130

~~1030 SW 12TH COURT~~

~~MIAMI FL 33175~~

1055 S.W. 8th St  
MIAMI FL 33130

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

05/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3576822

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MASTRAPA, FABIO M	1051 SW 8 ST	MIAMI FL 33130
VD	MASTRAPA, ELINA S	1051 SW 8 ST	MIAMI FL 33130
SD	MASTRAPA, MELISSA E	1051 SW 8 ST	MIAMI FL 33130

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MASTRAPA, FABIO M  
1051 SW 8 ST  
MIAMI FL 33130

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

000004717300--0  
-12/10/01--01094--023  
\*\*\*\*150.00 \*\*\*\*150.00

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:

FABIO MASTRAPA

Date

Daytime Phone #

Zeel 2

Miami, October 25,2001

Florida Department Of State

Dear Sir;

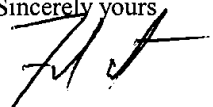
This week we received the notice of administrative Dissolution or Revocation of our company for failure to remit the Annual due.

Please take note that a check was issued on April 10,2001 in the amount of \$150.00.However we have checked with the bank and this check as of today has not cleared the bank.

Enclosed you will find a new check for the reinstatement of our company with the state of Florida.

Thank you in advance for your assistance and hope that you will waived the late fee.

Sincerely yours



Fabio Mastrapa  
President  
Tamiami Trail Electric  
1055 S W 8<sup>th</sup> Street  
Miami fl. 33130

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