

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 24 PM 1:46

**CORPORATION
REINSTATEMENT**



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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *P99000061627*

1. Corporation Name

ESTEVEZ PADRON Corp.

2. Principal Office Address

760 N.E. First Place

Suite, Apt. #, etc.

City & State

HiALEAH, Florida

Zip

33010

Country

3. Mailing Office Address

760 NE First Place

Suite, Apt. #, etc.

City & State

HiALEAH, Florida

Zip

33010

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0934350

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *02-04*

7. Name and Address of Current Registered Agent

Name

ARMANDO ESTEVEZ

500031067755

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

760 N.E. First Place

*03/24/04-01032-015 **450.00*

Suite, Apt. #, Etc.

City

HiALEAH

State

FL

Zip Code

33010

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

3/22/04

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 |
|--------------|--------------------------------------|---|--------------------------|
| <i>Pres.</i> | <i>ARMANDO ESTEVEZ</i> | <i>760 N.E. First Place</i> | <i>HiALEAH, FL 33010</i> |
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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]

3/22/04 786-586-6816

760 N.E. First Place
Hialeah, Fl 33010
Tel No. 786-586-6816

March 22, 2004

Division of Corporations
Annual Report
P.O. Box 6327
Tallahassee, Fl 32314

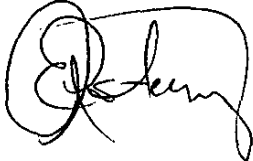
Re: Estevez Padron Corp.
P99000061627
Federal I. D. No. 65-0934350

Gentlemen:

As per your instructions and I am sending this letter together with the reinstatement form to ask you for the abatement of the penalties to reinstate my corporation due to the fact that I am in constant travel and since I moved I did not get any notifications that the corporation was not paid. I thought I was up to date and had no precautions check this.

I am a small owner operator and would like to keep this name in the future. I remain,

- Armando Estevez -

A handwritten signature in black ink, appearing to read 'Armando Estevez', with a large, stylized initial 'A'.