

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

01 MAR 22 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000072465

1. Corporation Name

ONE DOLLAR PLUS EXPLOSION INC,

Principal Place of Business

Mailing Address

7160 WEST 12TH COURT  
HIALEAH FL 33014

7160 WEST 12TH COURT  
HIALEAH FL 33014



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

08/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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	GARCIA, GIRALDO A	7160 WEST 12TH COURT	HIALEAH FL 33014
STD	GARCIA-LEDO, MARIA L	7160 WEST 12TH COURT	HIALEAH FL 33014

REINSTATEMENT 2000-01  
Mums

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARCIA, GIRALDO A  
7160 WEST 12TH COURT  
HIALEAH FL 33014

Name

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

400003911774--8

Suite, Apt. #, Etc.

03/27/01-01045-005

\*\*\*\*900.00 \*\*\*\*900.00

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 02/09/2001

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/2001

Date

Daytime Phone #

CR2E040 (8/00)