

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 FEB 20 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000096899

1. Corporation Name

Eddie & Charbin, Inc

2. Principal Office Address

P.O. Box 173563

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 173563

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip

33017

Country

USA

City & State

Hialeah FL

Zip

33017

Country

U.S.A.

**REINSTATEMENT**

04-06

4. Date Incorporated or Qualified  
To Do Business in Florida

11/03/1999

5. FEI Number

650959215

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

Edward D. ALTIDOR

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

9650 NW 2nd Street

Suite, Apt. #, Etc.

#4-301

City

Pembroke Pines

State

FL

Zip Code

33024-6271

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

E. D. ALTIDOR

REGISTERED AGENT MUST SIGN

Date 02/16/06

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
C/P	Edward D. ALTIDOR	9650 NW 2nd Street #4-301	Pembroke Pines, FL 33024
V/D	James Dumay	211 NE 48TH AVE	Miami, FL 33137

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 contained in Chapter 119, 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: E. D. ALTIDOR Edward D. ALTIDOR C/P  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/06

Date

305-588-2228

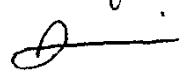
Daytime Phone #

02/16/06edr

To whom it may concern:

My Name is Edward D. ALTIDOR, President &  
Chairman of Eddie & Charbin Inc.. I did not receive the  
annual report notices in the year of dissolution/revocation.  
I'm including a check for \$450.00 to reinstate  
my corporation please. Thank you in advance.

Thank you

E. D.  c/p

Edward ALTIDOR