

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 18 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000110453

1. Corporation Name

CONRAD CASH & CARRY, INC.

2. Principal Office Address

16493 NW 49 TH AVENUE

Suite, Apt. #, etc.

City & State

HIALEAH

Zip

33014

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/23/1999

5. FEI Number

65-0978707

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

ARIAL, RICARDO

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

16493 NW 49 TH AVENUE

000014313030

03/18/03--01030--009 **30.00

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33014

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

REGISTERED AGENT MUST SIGN

Date 3-10-03

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
PD	REAL, RICARDO	16493 NW 49TH AVENUE	HIALEAH, FL 33014

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

3/15

16493 nw 49 Av
Miami, FL 33014
Tel 305-624-4738

CONRAD CASH AND CARRY, INC.

March 12, 2003

FLORIDA DEPARTMENT OF STATE

Secretary of State
Division Corporations

Dear sir:

For this letter, you can find attached the Corporate Reinstatement for the document # p99000110453, and the check for the amount # 300.00.-

The Reason that we didn't filed before was never received the uniform business report for 2002, please exempt to pay the penalties.

We need to received the uniform business report for 2003, because we didn't received.

Best regards,

Ricardo A. Real

President

[Click here and type slogan]