APPLICATION FOR REINSTATEMENT	LL INSTRUCTIONS FLORIDA DEPARTMEI Sandra B. Mor Secretary of S DIVISION OF CORPO	NT OF STATE tham State	COMPLETING THIS FO	D	
DOCUMENT # V23674			98 AUG -3 PM 1:53		
1. Corporation Name PEET AND PEREZ, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address 9680 SW 77 AVENUE 9990 SW 77 AVENUE SUITE 313 MIAMI PL 33156 MIAMI FL 33156					
If above addresses are incorrect in any way, line throu	gh incorrect information and enter	correction below.	REINSTATEME	N747-98	
10 11 10 10 10 10 10 10 10 10 10 10 10 1		Applicable	Date Incorporated or Qualified To Do Business In Florida	03/25/1992	
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State			5. FEI Number 65-0323992	Applied For	
ZIP 33/17 Country USA	City & State Mi Plok 210 33/16-1769 Countr	40p.	6. CERTIFICATE OF STATUS DESIRED	S8 75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer end/or		ations must list at lea	st 3 directors)	ior a considerate of chalas	
Title(s) and/or Directors Officer an		eet Address of Each ficer and/or Director se Post Office Box N	0	City / State / Zip	
D PEET, ROBERT - 9000 SW 77 AVE: #313 - MIAMI FL 17071 SW 4777+ STREET 1					
V PEREZ, CARLOS - 0000 SW-77 AVE \$313 - MIAMI FL 7071 SW 4777 SPREEF MIAMI FL					
	7071 30	3 4 1/14 3	31 K2E4		
			8000025 -08/11/96 *****900.	125387 301024010 80_****800.00	
Name and Address of Current Re	gistered Agent	T	9. Name and Address of New Regis	stered Agent	
BERGER, MICHAEL L. 9990 SW 77 AVENUE SUITE 313 MIAMI FL 33158			Name JOHN P. MAAS ESQ. Street Address (P.O. Box Number is Not Acceptable) H. N.E. 16 St. Suite, Apt. #, Etc. City State Zip Code		
10. I, being appointed the registered agent of the above Signature of Registered Agent REG	named corporation amatamiliar with the second secon	HOME	STEAD Diligations of Section 607.0505, F.S.	FL 33030 30-98	
11. This corporation owes or has Intangible Personal Property		ar Yes 🗌		ther side for information on Intangible tax.)	
12. 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 filling 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 Daysime Phone #					