

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -5 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V35812**

1. Corporation Name

MIRTA BATISTA-TATUM INC.

Principal Place of Business *changed to* Mailing Address

9441 BELAIRE DR.
MIRAMAR FL 33025
US

9441 BELAIRE DR.
MIRAMAR FL 33025

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

05/08/1992

Suite, Apt. #, etc.
5056 SW 162 AVE

Suite, Apt. #, etc.
5056 SW 162 AVE

City & State
MIRAMAR, Florida

City & State
MIRAMAR, Florida

Zip
33027

Zip
33027

Country
BROWARD

Country
BROWARD

5. FEI Number

65-0333102

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BATISTA-TATUM, MIRTA	5056 SW 162 AVENUE	MIRAMAR, FLORIDA 33027

700035535787
05/05/04--01048--029 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BATISTA-TATUM, MIRTA

5056 SW 162 AVE
MIRAMAR, FLORIDA
33027

Name

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

Suite, Apt. #, Etc.

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. or 617.0505, F.S.

Signature of
Registered Agent

Mirta Batista-Tatum
SIGNATURE REQUIRED

Date

4/17/04

REGISTERED AGENT MUST SIGN

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 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.

Mirta Batista-Tatum

SIGNATURE:

Mirta Batista-Tatum
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/04 (754) 246 0625

CR2E040 (7/03)

TO: Florida Department of State

From: Mirta Batista-Salum INC (754) 246 0625

RE: REINSTATEMENT

Please accept this application for reinstatement. I did not received the Annual report form for the year it was dissolved. As per instructions when I called the corporate reinstatement section I am submitting an application for reinstatement along with the fee of \$150 for year 2003.
\$150 for year 2004.

I have already converted the new address -

Thank you very much.

Mirta Batista Salum