

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 6:51

DOCUMENT # P00000099580

1. Corporation Name

JIMENEZ APPLIANCES & SERVICE CORPORATION

Principal Place of Business

Mailing Address

1809 N.W. 22ND STREET
MIAMI FL 33142

1809 N.W. 22ND STREET
MIAMI FL 33142



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

10/23/2000

Suite, Apt. #, etc.
3899 N.W. 7th St #203

Suite, Apt. #, etc.
3899 N.W. 7th St #203

5. FEI Number

65-1049770

Applied For

City & State
MIAMI - FLORIDA

City & State
MIAMI - FL

Not Applicable

Zip
33176

Country
U.S.A.

Zip
33176

Country
U.S.A.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	JIMENEZ, FREDDY	1809 N.W. 22ND STREET	MIAMI FL 33142

200004669862--5
-11/06/01--01091--009
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JIMENEZ, FREDDY
1809 N.W. 22ND STREET
MIAMI FL 33142

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.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/16/2001

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 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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/2001

Daytime Phone #

CR2640 (8/01)

10/16/2001

To: DEPARTMENT of STATE

Subject: JIMENEZ Appliances & Service Corporation
Annual Report 2001.

As per our conversation with your department,
in which we never received the first or
second version of our annual report and
you dissolved our corporation. Please find
as per agree the ORIGINAL check on
fee for \$150⁰⁰ so our corporation be
re-instated.

Please forgive us for any inconvenience this
could have caused. Sincerely yours,

Freddy Jimenez

PRESIDENT

JIMENEZ Appliances & Service
Corporation