

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

03 OCT 16 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000026105**

1. Corporation Name

**JORGE A. BURGOS, INC.**

Principal Place of Business

Mailing Address

1963 BRAINERD COURT  
LUTZ FL 33549

1963 BRAINERD COURT  
LUTZ FL 33549

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/09/2001

5. FEI Number

59-3698231

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BURGOS, JORGE A	1963 BRAINERD COURT	LUTZ FL 33549
D	BURGOS, MARIE C	1963 BRAINERD COURT	LUTZ FL 33549

700023856267  
10/15/03--01054--003 \*\*150.00

*JR 10/20*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURGOS, JORGE A  
1963 BRAINERD COURT  
LUTZ FL 33549

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b> 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

*Jorge A. Burgos*  
REGISTERED AGENT MUST SIGN

Date

10/13/03

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:

*Jorge A. Burgos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

CR2E040 (7/03)

**Jorge A. Burgos, Inc.**  
1963 Brainerd Court  
Lutz, FL 33549  
(813)817-2380

October 13, 2003

Florida Department of State  
**Glenda E. Hood**  
Secretary of State  
Division of Corporations

RE:           **APPLICATION FOR REINSTATEMENT**  
Corporation:       Jorge A. Burgos, Inc.  
F.E.I. Number:     59-3698231

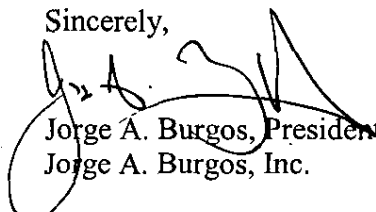
Dear Ms. Hood:

Pursuant to your Certificate of Administrative Dissolution or Revocation received on October 9, 2003, please be advised that our office has not received any prior 2003 Annual Report/ Uniform Business Report (UBR) notices.

Enclosed please find Application for Reinstatement and the fee to file the report without penalty of \$150.00

Should you have any questions or require any additional information, please do not hesitate to contact the undersigned directly at (813)817-2380.

Sincerely,

  
Jorge A. Burgos, President  
Jorge A. Burgos, Inc.