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FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000036729

1. Corporation Name

15 JT 5600 CORP.

2. Principal Office Address - No P.O. Box #
1000 BRICKELL AVENUE

3. Mailing Office Address
1000 BRICKELL AVENUE

REINSTATEMENT

Suite, Apt. #, etc.
SUITE 1020

Suite, Apt. #, etc.
SUITE 1020

4. Date Incorporated or Qualified To Do Business in Florida **04/11/2001**

City & State
MIAMI, FL

City & State
MIAMI, FL

5. FEI Number
651124059

Applied For
Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

VILLANUEVA, BAJANDAS & LIEBEGOTT, LLP

Street Address (P.O. Box Number is Not Acceptable)
1000 BRICKELL AVENUE

Suite, Apt. #, etc.
SUITE 1020

City
MIAMI

State Zip Code
FL 33131

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Date **1/24/07**

REGISTERED AGENT MUST SIGN

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
P	NOHORA ESPERANZA ZAMBRANO CAMARGO	1000 BRICKELL AVENUE, SUITE 1020	MIAMI, FL 33131
VP	JORGE LUCAS TOLOSA CANAS	1000 BRICKELL AVENUE, SUITE 1020	MIAMI, FL 33131
S	CARMEN DEL PILAR TOLOSA ZAMBRANO	1000 BRICKELL AVENUE, SUITE 1020	MIAMI, FL 33131
T	JORGE LUCAS TOLOSA ZAMBRANO	1000 BRICKELL AVENUE, SUITE 1020	MIAMI, FL 33131

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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]

Date **1/24/07**

Daytime Phone # **305-377-0086**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : RICARDO BAJANDAS, P.A.
Account Number : 110263002111
Phone : (305)377-0809
Fax Number : (305)377-0781

CORPORATION REINSTATEMENT

15 JT 5600 CORP.

Certificate of Status	0
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