

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 22 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000037123

1. Corporation Name

J.C. Flowers, Corp.

2. Principal Office Address - No P.O. Box #

12300 SW 20th Terrace

Suite, Apt. #, etc.

City & State

Miami

Zip

33175

Country

USA

3. Mailing Office Address

12300 SW 20th Terrace

Suite, Apt. #, etc.

City & State

Miami

Zip

33175

Country

USA

000136224020
09/22/08--01064--003 **300.00

REINSTATEMENT 07-08

4. Date Incorporated or Qualified
To Do Business in Florida 01/01/2002

5. FEI Number
04-3647941

☐ Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Juan Carlos Castrillon

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

12300 SW 20th Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

☒ 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

Juan Carlos Castrillon
REGISTERED AGENT MUST SIGN

Date 09/18/08

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
PD	Juan Carlos Castrillon	12300 SW 20th Terrace	Miami, Florida 33175

10. 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 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:

Juan Carlos Castrillon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/18/08

Date

786-291-1838

Daytime Phone #