

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 19 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000118537

1. Corporation Name

JENNY LOPEZ, INC

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

1643 BRICKELL AVENUE

Suite, Apt. #, etc.

2105

City & State

MIAMI, FLORIDA

Zip

33129

Country

USA

3. Mailing Office Address

1643 BRICKELL AVENUE

Suite, Apt. #, etc.

2105

City & State

MIAMI FLORIDA

Zip

33129

Country

USA

700112599297
11/27/07--01021--003 **300.00

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/2004

5. FEI Number

201540341

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

JENNY LOPEZ

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

1643 BRICKELL AVENUE

Suite, Apt. #, Etc.

2105

City

MIAMI FL

State

FL

Zip Code

33129

☒ 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

J Lopez

REGISTERED AGENT MUST SIGN

Date

11/16/07

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
DP	JENNY LOPEZ	1643 BRICKELL AVENUE #2105	MIAMI, FL 33129

REINSTATEMENT
06-07

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/07

Date

(305) 631-0331

Daytime Phone #

LAZARUS
CORPORATE FILING SERVICE
3320 SW 87TH AVENUE
MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. JENNY LOPEZ, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☒ Limited Partnership
☒ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 NOV 19 AM 10:56
IN AGENCY FILED
SUB AGENCY OF FILING