

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 17 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000121577

1. Corporation Name

JUCARMA PROPERTIES, INC.

2. Principal Office Address

5292 S.W. 80th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33143

Country

USA

3. Mailing Office Address

5292 S.W. 80th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33143

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/27/2001

5. FEI Number

41-2033680

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Atrium Registered Agents, Inc.

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

1500 San Remo Avenue

Suite, Apt. #, Etc.

Suite 125

City

Coral Gables

State

FL

Zip Code

33146

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

REGISTERED AGENT MUST SIGN

Date

6/4/03

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	Lindenfeld, Martin	5292 S.W. 80th Street	Miami, FL 33143
DS	Lindenfeld, Helene	5292 S.W. 80th Street	Miami, FL 33143
V	Lindenfeld, Judith	5292 S.W. 80th Street	Miami, FL 33143
T	Lindenfeld, Danya	5292 S.W. 80th Street	Miami, FL 33143

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Helene Lindenfeld June 3, 2003

786-229-3767

CR2E001 (10/02)