

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 17 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 599014

**1. Corporation Name**

Mario R. Jimenez & Associates, Inc.

REINSTATEMENT 03-04

**2. Principal Office Address**

6911 SW 160 Court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip  
33193

Country  
USA

**3. Mailing Office Address**

6911 SW 160 Court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip  
33193

Country  
USA

300027399093  
01/22/04--01019--025 \*\*758.75  
300027399093  
02/17/04--01025--001 \*\*150.00

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

12/29/78

**5. FEI Number**

59-1874106

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

Mario R. Jimenez

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

6911 SW 160 Court

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code  
33193

**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

1.13.04

**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	Mario R. Jimenez	6911 SW 160 Court	Miami, FL 33193
VPT	Bertha Jimenez	6911 SW 160 Court	Miami, FL 33193

**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

1.13.04  
Date

305.752.3899  
Daytime Phone #