

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR *reinstatement*  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 MAY 12 AM 10: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 678898

1. Corporation Name

MIAMI JUMBO CORPORATION IMPORT AND EXPORT

Principal Place of Business

Mailing Address

8191 N.W. 91st Terrace  
Miami, Florida 33166

8191 NW 91st Terrace  
Miami, Florida 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8191 NW 91st Terrace

3. New Mailing Office Address, If Applicable

8191 NW 91st Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

Zip

33166

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7/18/80

5. FEI Number

59-2004920

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres/ Treas.	Eduardo Lopez	8191 NW 91st Terrace	Miami, Florida 33166
Sec/ V.Pres.	Ana J. Lopez	8191 NW 91st Terrace	Miami, Florida 33166

800002183838--0  
-05/19/97--01172--002  
\*\*\*\*915.00 \*\*\*\*915.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Eduardo Lopez  
8191 NW 91st Terrace  
Miami, FL 33166

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

Date 5-9-97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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]*

Eduardo Lopez, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-9-97

Daytime Phone #

(305)

596-3368

CR2040 (12/96)