

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

07 JUN 28 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300105302173
07/03/07--01023--006 **1531.25

REINSTATEMENT
CR2E081 (1/07) 1981-2007

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723742

1. Corporation Name

ADORADORES DE JOSE, INC

2. Principal Office Address - No P.O. Box #
1940 S W 12TH AVE

3. Mailing Office Address
6163 MIAMI LAKES DR E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI LAKES, FL

Zip
33129

Country
US

Zip
33014

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 06/26/1972

5. FEI Number
237347634

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
EDWARD GARCIA, INC

Street Address (P.O. Box Number is Not Acceptable)
6163 MIAMI LAKES DR E

Suite, Apt. #, Etc.

City
MIAMI LAKES

State Zip Code
FL 33014

☒ 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

Edward Garcia

Date 06/22/2007

REGISTERED AGENT MUST SIGN

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
D/P	ALFONSO, LAZARA	1940 S.W. 12 AVE.	MIAMI, FL 33129
D	VALDES, GLADYS	1940 S.W. 12 AVE.	MIAMI, FL 33129
D	GARCIA, EDWARD	6163 MIAMI LAKES DR E	MIAMI LAKES, FL 33014

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:

Edward Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/22/07

Daytime Phone #

305-823-9292

6. Mitchell JUN 28 2007