

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 21 PM 2:35

DOCUMENT # **F48541**

1. Corporation Name

JOHARI, INC.

Principal Place of Business

2940 OAK AVENUE
MIAMI FL 33133

Mailing Address

2940 OAK AVENUE
MIAMI FL 33133

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



400023978634
10/21/03--01090--031 **150.00

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1981

5. FEI Number

59-2137036

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	4 City / State / Zip
VD	LEDYA, ANGULO	2940 OAK AVE	MIAMI, FL 00000
P	LEDYA, LESTINO	7750 SW 72 AVE	MIAMI, FL 00000

REINSTATEMENT

03

8. Name and Address of Current Registered Agent

LEDYA, ANGULO
2940 OAK AVENUE
MIAMI FL FL 33133

9. Name and Address of New Registered Agent

Name

SAM LESTINO

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

2940 OAK AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/15/03

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

OCT 16 -03

Daytime Phone #

305 460 3192

CR20040 (7/03)

Never Received

2003 Corporation Annual Report
Renewal

150.00

