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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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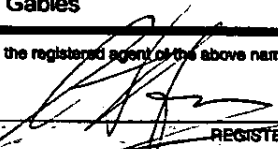
10/05/04--01040--022 **450.00

REINSTATEMENT 02-04

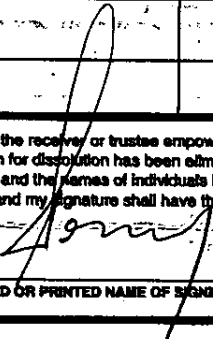
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G31997			
1. Corporation Name JUPITER AMERICAN, INC.			
2. Principal Office Address 2100 Salzedo Street		3. Mailing Office Address 2100 Salzedo Street	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country	Zip 33134	Country

4. Date Incorporated or Qualified To Do Business in Florida 04/06/1983	
5. FEI Number 650156941	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional Fee (see instructions for Certificate of Status)	

7. Name and Address of Current Registered Agent	
Name Arazoza & Fernandez-Fraga, PA	
Street Address (P.O. Box Number is Not Acceptable) 2100 Salzedo Street	
Suite, Apt. #, Etc. Suite 300	
City Coral Gables	State FL
Zip Code 33134	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.	
Signature of Registered Agent 	Date 9-22-04
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
P	Otaola, Juan	9438 NW 54 Doral Circle Lane	Miami, FL 33178

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)(f), 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 Sep 22 2004
Date	Daytime Phone #

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

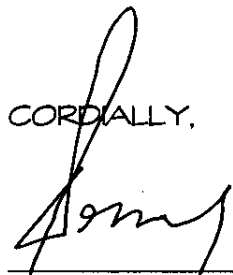
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE FIRST NOTICE FOR THE YEARS 2002, 2003 & 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



JUAN OTAOLA
PRESIDENT