

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
97 JAN 27 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K49992

1. Corporation Name

JAG CARR, CO.

Principal Place of Business

Mailing Address

11120 SW 121 Street  
Miami, FL 33176

11120 SW 121 Street  
Miami, FL 33176

REINSTATEMENT 90

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

2. New Principal Office Address, If Applicable  
11120 SW 121 Street  
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable  
11120 SW 121 Street  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

☒ Not Applicable

City & State

Miami

Zip

Country

33176

USA

City & State

Florida

Zip

33176

Country

USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Evan Caracostas	11120 SW 121 Street	Miami, FL 33176
R/D	Mavis Caracostas	11120 SW 121 Street	Miami, FL 33176
/			

100002073751-5  
-01/30/97--01058-012  
\*\*\*\*375.00 \*\*\*\*375.00

JB1-28-97

8. Name and Address of Current Registered Agent

Mavis Caracostas  
11120 SW 121 Street  
Miami, FL 33176

9. Name and Address of New Registered Agent

Name  
Mavis Caracostas  
Street Address (P.O. Box Number is Not Acceptable)  
11120 SW 121 Street  
Suite, Apt. #, Etc.  
City  
Miami  
State  
FL  
Zip Code  
33176

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

Mavis Caracostas

REGISTERED AGENT MUST SIGN

Date

1/10/97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Mavis Caracostas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/97

(305) 238-9584

Daytime Phone #

CR2E040 (12/95)