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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # K90505
1. Corporation Name
A-1 JOSE JOSE ROOFING CORP.

2. Principal Office Address
4501 SW 113TH AVE
State, Apt. #, etc.

3. Mailing Office Address
19209 EAST LAKE DRIVE
State, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI LAKES FL

Zip Country
33165 USA

Zip Country
33015 USA

FILED
04 JUL 23 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

MRS

4. Date Incorporated or Qualified To Do Business in Florida **05-24-1989**

5. FEI Number **65-0121871** 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
JOSE MAGDALENO NARANJO

Street Address (P.O. Box Number is Not Acceptable)
4501 SW 113TH AVE

State, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33165

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 *[Signature]* Date **07-15-2004**

REGISTERED AGENT MUST SIGN

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	JOSE MAGDALENO NARANJO	19209 EAST LAKE DR	MIAMI LAKES FL 33015
D	JOSE F RAMIREZ	4310 NW 171 STREET	MIAMI FL 33155
D	LUCIO DE JESUS SIBRIAN	885 W 74TH STREET	HIWASSEE 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 taxes 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)(b), 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]* **JOSE MAGDALENO NARANJO**
PRESIDENT 7/15/04 (305) 970-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

A-1 JOSE JOSE ROOFING CORP.

Certificate of Status	0
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