

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -5 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00634

1. Corporation Name

Nanju, Corp.

REINSTATEMENT 2009

2. Principal Office Address - No P.O. Box #

9421 SW 56th Street

Suite, Apt. #, etc.

3. Mailing Office Address

9421 SW 56th Street

Suite, Apt. #, etc.

City & State

Miami, Florida 33165

City & State

Miami, Florida 33165

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0130967

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
Juan Alvarado

Street Address (P.O. Box Number is Not Acceptable)
14226 SW 48th Terrace

Suite, Apt. #, Etc.

City
Miami, Florida 33175

State
FL

Zip Code
33175

☒ 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

Juan Alvarado
REGISTERED AGENT MUST SIGN

Date 11/02/2009

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
DPST	Yolanda Alvarado	14226 SW 48th Terrace	Miami, Florida 33175
VP	Juan Alvarado	14226 SW 48th Terrace	Miami, Florida 33175

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: *Juan Alvarado* Juan Alvarado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/02/09

Date

305-279-4839

Daytime Phone #