

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 JUN 17 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 86036

1. Corporation Name
JIM'S MANAGEMENT CORPORATION

Principal Place of Business Mailing Address
8262 NW 58TH STREET
MIAMI, FLORIDA 33166 US

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

2. New Principal Office Address, If Applicable
8262 NW 58TH ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
8262 NW 58TH ST
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
06-13-1988

City & State
Miami, Florida
Zip Country
33166 USA

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Miami, Florida
Zip Country
33166 USA

5. FEI Number
65-0063962
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	RINCON, Eugenia	5421 SW 154 COURT	Miami, Fl. 33185
VPSD	Rincon, Jaime	5421 SW 154 CT	Miami, Fl. 33185
VPD	Calero, Edgar	8262 NW 58 ST	Miami, Fl. 33166
VPD	MORE, Victor	8637 SW 137 Avenue	Miami, Fl. 33183
VPD	ZULUAGA DE ARIAS, Iliana	8262 NW 58 ST	Miami, Fl. 33166
VPD	Calero, Diego	8262 NW 58 ST	Miami, Fl. 33166

8. Name and Address of Current Registered Agent

JAIME RINCON
5421 SW 154 CT
MIAMI, FLORIDA 33185

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State Zip Code
FL 33185

REINSTATEMENT 96-97

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
Jaime Rincon
REGISTERED AGENT MUST SIGN

500002215918-1
06/18/97-01070-020

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

****915.00 ****915.00
(See other side for information on intangible tax.)

12. 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: Jaime Rincon JAIME RINCON 4-18-97 305-513-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)