

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 21 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N000000004333

1. Corporation Name

Juvenile Rescue Mission of Florida, Inc.

800005678348--5

-06/04/02--01087--005

****297.50 ****297.50

REINSTATEMENT 01-02

2. Principal Office Address

692W 29 ST

3. Mailing Office Address

Same

Suite, Apt. #, etc.

9

Suite, Apt. #, etc.

City & State

Hialeah - Florida

City & State

Zip

33012

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1020563

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

KAIRUZ, JORGE

Street Address (P.O. Box Number is Not Acceptable)

2736 N.W. 4 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33125

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 5-17-02

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	KAIRUZ, JORGE	2736 NW 4 TERRACE	MIAMI - FLORIDA - 33125
V	KAIRUZ, OLGA	2736 NW 4 TERRACE	MIAMI - FLORIDA - 33125
T	JUNQUERA, CARLOS	11974 SW 195 ST	MIAMI - FLORIDA - 33175
S	JUNQUERA, MARGARITA	11974 SW 195 ST	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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-02

Date

305-207-2929

Daytime Phone #

CR2E081 (9/01)