

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

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REINSTATEMENT 01-02

DOCUMENT # N000000004333

1. Corporation Name
Juvenile Rescue Mission of Florida, Inc.

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 Country
33012 USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number Applied For
65-1020563 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]* Date: 5-17-02 Daytime Phone #: 305-207-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)