

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000026973

1. Corporation Name

JAIZA, INC.

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

1320 W. 44TH PLACE

Suite, Apt. #, etc.

UNIT 102

City & State

HIALEAH FL 33012

Zip

33012

Country

USA

3. Mailing Office Address

1320 W. 44TH PLACE

Suite, Apt. #, etc.

UNIT 102

City & State

HIALEAH FL 33012

Zip

33012

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 03/15/2000

5. FEI Number

☒ 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

JAIRO MEDINA

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

1320 W. 44TH PLACE

Suite, Apt. #, Etc.

UNIT 102

City

HIALEAH

State

FL

Zip Code

33012

☒ 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

Jairo Medina

REGISTERED AGENT MUST SIGN

Date 6-6-08

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
PD	JAIRO MEDINA	1320 W. 44TH PLACE UNIT 102	HIALEAH FL 33012
VSD	ISAIDA JARQUIN	1320 W. 44TH PLACE UNIT 102	HIALEAH FL 33012

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:

Jairo Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-6-08

Daytime Phone #

FILED

08 JUN -9 PH 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/07)

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