

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008786511

11/04/02--01074--019 **150.00

DOCUMENT # P00000037347

1. Corporation Name

J. BETANCUR & ASSOCIATES, INC.

Principal Place of Business

8180 NW 36TH ST
SUITE 209
MIAMI FL 33166

Mailing Address

8180 NW 36TH ST
SUITE 209
MIAMI FL 33166

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

2. New Principal Office Address, If Applicable

8180 NW 36 ST
Suite, Apt. #, etc. #209
City & State Miami FL
Zip 33166 Country USA

3. New Mailing Office Address, If Applicable

8180 NW 36 ST.
Suite, Apt. #, etc. #209
City & State Miami FL
Zip 33166 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/2000

5. FEI Number

65-0998616

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	BETANCUR, JUAN D	13344 SW 73RD TER	MIAMI FL 33183
VPSD	BETANCUR, LYNN A	13344 SW 73RD TER	MIAMI FL 33183

8. Name and Address of Current Registered Agent

BETANCUR, JUAN D
13344 SW 73RD TER
MIAMI FL 33183

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/22/02

11. 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]

REINSTATEMENT
JUAN D BETANCUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02 305-468-9779

CR2E040 (8/02)

Juan D. Betancur
8180 NW 36 St. suite 209
Miami / FL / 33166
305-468-9779
305-468-9015 (fax)

J. Betancur & Associates, Inc.

October 22, 2002

Division Of Corporations
Annual Report / Reinstatement Section
P.O. BOX 6327
Tallahassee / FL / 32314-6327

At: Department of State Division of Corporations

The purpose of this letter is to inform you that we have never received an UBR (Uniformed Business Report) from you until the present day. The reason being is because you had the wrong suite on my business address. Please make a note to correct it. The suite which you have is # 305 and the correct suite# is 209. We got this application for reinstatement due to the fact that we had a conversation with the mailman and we noticed that the correspondence was to us, but it had the wrong suite. Enclosed is a check for \$ 150.00. If you have any questions please feel free to contact me at 305-468-9779.

Sincerely,



Juan D. Betancur
PTD