

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR -5 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000055883**

1. Corporation Name

JANTESA INC.,

600121198836
03/25/08--01022--010 **458.75

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

2655 LeJeune Rd

Suite, Apt. #, etc.

507

City & State

Coral Gables

Zip

33134

Country

USA

3. Mailing Office Address

2655 LeJeune Rd

Suite, Apt. #, etc.

507

City & State

Coral Gables

Zip

33134

Country

USA

REINSTATEMENT
CR2E081 (12/07)

4. Date Incorporated or Qualified

— To Do Business in Florida — **June 7, 2000** —

5. FEI Number

65-101-3949

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

Juan Vicente Urdaneta

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

2655 LeJeune Rd

Suite, Apt. #, Etc.

507

City

Coral Gables

State

FL

Zip Code

33134

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

Date **02/29/08**

REGISTERED AGENT MUST SIGN

☒ 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.

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
D	Antonio Calvo	2655 LeJeune Rd, Suite 507	Coral Gables, Florida 33134

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/29/08

Date

305-728-1319

Daytime Phone #

B. Mitchell MAR 5 2008