

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -7 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000010035

1. Corporation Name

JADR CONSULTING, INC.

Principal Place of Business

4800 SW 141 AVENUE
MIAMI FL 33175

Mailing Address

4800 SW 141 AVENUE
MIAMI FL 33175

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	DEL RIO, JAVIER A	4800 SW 141 AVENUE	MIAMI FL 33175

700013639217
03/07/03--01008--015 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEL RIO, JAVIER A
4800 SW 141 AVENUE
MIAMI FL 33175

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 2/28/2003

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/2003

Date

305-218-9744

Daytime Phone #

CR2E040 (8/02)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO1000010035**

1. Entity Name

JADR CONSULTING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4800 SW 141 Avenue

Suite, Apt. #, etc.

3. Mailing Address

4800 SW 141 Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

Applied For

Not Applicable

Zip

33175

Country

USA

Zip

33175

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Javier A. Del Rio

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

4800 SW 141 Avenue

City

Miami

FL

Zip Code

33175

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Javier A. Del Rio
4800 SW 141 Avenue
Miami, Florida 33175**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Del Rio

Javier A. Del Rio

2/28/2003

305-218-9744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)



JADR CONSULTING, INC.
4800 SW 141 AVENUE
MIAMI, FLORIDA 33175
Phone: 305-218-9744

February 28th, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

As per our conversation with one of your counselors, we will like to inform you that we did not receive the UBR report notices from your office. Please, reinstate our corporation, JADR Consulting, Inc., to active status. Enclosed are the reinstatement form, the UBR form and a check for \$300.00 to pay the fees for the year 2002 and 2003.

Thank you for your help,

Sincerely,

A handwritten signature in black ink, appearing to read "J. Del Rio", with a horizontal line extending from the end.

Javier A. Del Rio
President
JADR Consulting, Inc.