

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 SEP -4 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~P010000072355~~

1. Corporation Name

J. Karen & Associates, Inc.

P010000072355

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

9245 S.W. 157 Street

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33157

Country

USA

3. Mailing Office Address

P.O. Box 830680

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33283

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

7/24/2001

5. FEI Number

651133504

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

Gregg R. Lopez

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

11500 SW 101 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176



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

Gregg R. Lopez

Date

8/29/07

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	Jesse F. Karen	9245 SW 157 Street # 203	Miami, FL 33157

700135373487
09/04/08--01038--010 **500.00

700135373487
09/04/08--01038--011 **250.00

REINSTATEMENT
04-08

JS

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:

Jesse F. Karen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/29/07

Daytime Phone #

305-252-7700