

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 JAN 15 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000091887

1. Corporation Name

JUAN ALICEA, INC.

Principal Place of Business

Mailing Address

1409 HOLYHOCK STREET
DELTONA FL 32725

1409 HOLYHOCK STREET
DELTONA FL 32725

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

09/17/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3753977

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
D	ALICEA, JUAN JR	1409 HOLYHOCK STREET	DELTONA FL 32725
D	MESA A, JESUA JR	990 SHORTCREST	DELTONA FL 32725
D	ALICEA, JUAN SR	1410 HOLYHOCK ST	DELTONA FL 32725

000010135800
01/15/03--01080--005 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALICEA, JUAN JR
1409 HOLYHOCK STREET
DELTONA FL 32725

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

1/13/03-

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

Date

Daytime Phone #

1/13/03

CR2E040 (8/02)

2022

Juan Alicea, Inc.
1409 Hollyhock Street
Deltona, FL. 32725
#P01000091887

January 13, 2003

Florida Dept. of State
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sirs:

I did not received the two prior notices of UBR. Please accept my filing fee of \$150.00 & \$8.75 certificate of status desired.

Thank you,



Juan Alicea