

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000094721**

1. Corporation Name

JULEAN PROFESSIONAL SERVICES INC.

Principal Place of Business

Mailing Address

**12000 BISCAYNE BLVD., SUITE 507
MIAMI FL 33181**

**12000 BISCAYNE BLVD., SUITE 507
MIAMI FL 33181**

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

09/27/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1141690

Applied For

City & State

City & State

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	PINZON, ALFONSO H	12000 BISCAYNE BLVD., SUITE 507	MIAMI FL 33181
SD	PINZON, LEANDRO A	12000 BISCAYNE BLVD., SUITE 507	MIAMI FL 33181

200025529312
12/16/03--01044--043 **150.00

[Handwritten signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UGO
CHIARATO, UGO V
12000 BISCAYNE BLVD., SUITE 507
MIAMI FL 33181

Name **UGO V CHIARATO**

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

12000 BISCAYNE BLVD

Suite, Apt. #, Etc.

507

City

MIAMI

State

FL

Zip Code

33181

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

[Handwritten signature]

PRESIDENT

REGISTERED AGENT MUST SIGN

[Handwritten signature] REG. AGENT

Date **Oct 31, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Oct 31, 2003

Daytime Phone #

CR2E040 (7/03)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 3, 2003

JULEAN PROFESSIONAL SERVICES INC.
C/O UGO CHIARATO
12000 BISCAYNE BLVD., SUITE 507
MIAMI, FL 33181

SUBJECT: JULEAN PROFESSIONAL SERVICES INC.
Ref. Number: P01000094721

Thank you for your letter of October 31, 2003, which has been forwarded to me for response.

As stated in my October 23, 2003 letter, and again during our phone conversation, I am unable to transfer the payment from BESTINKO, INC. to this corporation. BESTINKO, INC.'s 2003 UBR was submitted and filed May 20, 2003. We are unable to unfile the report.

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 203A00059623