

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 20 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300099249539

04/30/07--01001--028 **\$600.00

DOCUMENT # 001000109224

1. Corporation Name

JOSEPH J. HUERTAS & Co., Inc.

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

6392 FOX RUN CIRCLE

Suite, Apt. #, etc.

City & State

JUPITER

Zip

33458

Country

PALM BEACH

3. Mailing Office Address

6392 FOX RUN CIRCLE

Suite, Apt. #, etc.

City & State

JUPITER

Zip

33458

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/01

5. FEI Number

65-1152572

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 JOSEPH J. HUERTAS

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

6392 FOX RUN CIRCLE

Suite, Apt. #, Etc.

City JUPITER

State FL

Zip Code 33458

☒ 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

Joseph J. Huertas

REGISTERED AGENT MUST SIGN

Date 4/17/07

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 | JOSEPH J. HUERTAS | 6392 FOX RUN CIRCLE | JUPITER, FL 33458 |
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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: Joseph J. Huertas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Date

561 746 1076

Daytime Phone #

G. M. H. APR 20 2007