

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 OCT 31 AM 9:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000009161**

1. Corporation Name

JAKAROV, INC.

Principal Place of Business

Mailing Address

8600 SW 53 CT
 MIAMI FL 33143

8600 SW 53 CT
 MIAMI FL 33143



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

255 Alhambra Circle

3. New Mailing Office Address, If Applicable

255 Alhambra Circle

4. Date Incorporated or Qualified To Do Business in Florida

01/22/2002

Suite, Apt., #, etc.

Suite #640

Suite, Apt., #, etc.

Suite #640

5. FEI Number

01-0640231

Applied For

Not Applicable

City & State

Coral Gables, Fl.

City & State

Coral Gables, Fl.

Zip

33134

Country

Zip

33134

Country

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
D	GARCIA, RENE A	8600 SW 53 CT <u>255 Alhambra Circle #640</u>	MIAMI FL 33143 <u>Coral Gables, Fl. 33134</u>

900024338539
 10/31/03--01081--012 **750.00

8. Name and Address of Current Registered Agent

BEAN, PHYLLIS ESQ.
 200 S BISCAYNE BLVD STE 1000
 MIAMI FL 33131

9. Name and Address of New Registered Agent

Name Rafael Villoldo
 Street Address (P.O. Box Number is Not Acceptable) 255 Alhambra Circle
 Suite, Apt., #, Etc. #640
 City Coral Gables State FL Zip Code 33134

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

REGISTERED AGENT MUST SIGN

Date 10/22/03

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:

Rene A. Garcia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/03 (305)448-2240

Daytime Phone #

CR2E040 (7/03)