

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 14 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000072670

1. Corporation Name

JIT PROPERTIES CORP.

2. Principal Office Address
1320 S. DIXIE HWY

Suite, Apt. #, etc.
280

City & State
CORAL GABLES

Zip Country
33146 USA

3. Mailing Office Address
1320 S. DIXIE HWY

Suite, Apt. #, etc.
280

City & State
CORAL GABLES

Zip Country
33146 USA

800032753388
04/14/04--01050--018 **900.00 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

☒ 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
RAUL J. SANCHEZ DE VARONA

Street Address (P.O. Box Number is Not Acceptable)
1320 S. DIXIE HWY.

Suite, Apt. #, Etc.
280

City
CORAL GABLES

State Zip Code
FL 33146

REINSTATEMENT

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

REGISTERED AGENT MUST SIGN

Date 04.12.09

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
D	OSCAR DEL TORO	1320 S. DIXIE HWY. SUITE 280	CORAL GABLES, FL. 33146

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 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

Date

Daytime Phone #

04.12.09

CR2E081 (01/04)