

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000090498

YEAR 2007

1. Corporation Name

Java Design Center Corporation

2. Principal Office Address - No P.O. Box #
551 NW 42ND AVE

3. Mailing Office Address
701 N. State Rd. 7

Suite, Apt. #, etc.
408

Suite, Apt. #, etc.

City & State
PLANTATION

City & State
Hollywood

Zip
33317

Country
BROWARD

Zip
33021

Country
BROWARD

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **8/20/02**

5. FEL Number
55-0793630

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Adriana M. Valderrama *NEA Service Corp.*
Street Address (P.O. Box Number is Not Acceptable)
701 N. State Rd. 7

Suite, Apt. #, Etc.

City
Hollywood

State
FL Zip Code
33021

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date **4/29/07**

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
PD	REGUEIRO, VALERIA	551 NW 42ND AVE #408	PLANTATION/FL/33317
VSTD	ENCISO, JULIO J.	551 NW 42ND AVE #408	PLANTATION/FL/33317

300103229873
05/24/07--01061--007 **458.75

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:

[Signature]

VALERIA REGUEIRO

4/29/07

9542055491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #