

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000124186**

**1. Corporation Name**

O. JIRON MOVING AND DELIVERY INC.

**2. Principal Office Address**

12218 S.W. 16TH TERRACE

Suite, Apt. #, etc.

APT. # D-104

City & State

MIAMI, FLORIDA

Zip

33175

Country

USA

**3. Mailing Office Address**

12218 S.W. 16TH TERRACE

Suite, Apt. #, etc.

APT. # D-104

City & State

MIAMI, FLORIDA

Zip

33175

Country

USA

700061140977  
11/03/05--01045--004 \*\*150.00  
**REINSTATEMENT** CR2E0811(8/05) *as*

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

NOV 21, 2002

**5. FEI Number**

46-0508680

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

OSCAR R. JIRON

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

12218 S.W. 16TH TERRACE

Suite, Apt. #, Etc.

APT. # D-104

City

MIAMI

State

FL

Zip Code

33175

**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 10/17/2005

**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
DP	OSCAR R. JIRON	12218 S.W. 16TH TERR	MIAMI, FLORIDA 33175

**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

10/17/2005

Date

305-498-9113

Daytime Phone #

October 18, 2005

UNIFORMS BUSINESS REPORT  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

**REF NO. P02000124186**

O. JIRON MOVING AND DELIVERY INC.  
12218 S.W. 16<sup>TH</sup> TERRACE., APT # D-104  
MIAMI, FLORIDA 33175

To Whom It May Concern:

AS PER OUR CONVERSATION THIS MORNING, I AM SENDING YOU THIS LETTER TO LET YOU KNOW THAT I WAS SURPRISED WHEN I RECEIVED THE NOTICE OF DISSOLUTION OR REVOCATION. AFTER THAT, I CHECK MY RECORDS TO SEE WHAT HAPPENED. I FOUND OUT THAT THE WE ISSUED TO DEPARTMENT OF STATE WAS NEVER PAID TO YOU BY OUR BANK. NOW, I AM SENDING A CHECK IN THE AMOUNT OF \$150.00 AND AS YOU INDICATED BY PHONE A REINSTATEMENT FORM. WE ARE A VERY SMALL BUSINESS TRYING TO SURVIVE. WE NEED THE CORPORATION ACTIVE

THANK YOU



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OSCAR R. JIRON  
PRESIDENT