

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV -6 PM 12:47

DOCUMENT # P02000125458

1. Corporation Name

JUAN &amp; JUAN ENTERPRISES, INC.

Principal Place of Business

728 EL VEDADO ST.  
WEST PALM BEACH FL 33405  
PB

Mailing Address

728 EL VEDADO ST.  
WEST PALM BEACH FL 33405  
PB

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/25/2002

5. FEI Number

13-4237424

Applied For

Not Applicable

6.

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
P	RUBIO, JUAN	728 EL VEDADO ST.	WEST PALM BEACH FL 33405
VP	GONZALEZ, JUAN I	3684 N.W. 3RD AVE.	BOCA RATON FL 33431

8. Name and Address of Current Registered Agent

JUAN, RUBIO  
728 EL VEDADO ST.  
WEST PALM BEACH FL 33405

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S. or 617.0605, F.S.

Signature of  
Registered Agent  
REGISTERED AGENT MUST SIGN

Date

10/31/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/03 561-346-6050

Daytime Phone #

Ms. Eula  
Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL. 32399

November 5, 2003

**Re: Application For Reinstatement  
Juan & Juan Enterprises, Inc.  
FEI #: 13 - 4237424**

We never received the rejection letter on April 4, 2003 from Department of State concerning the corrections that needed to be made on our corporation. We request that you please waive the reinstatement fee.

Please reactivate the corporation as soon as possible; I'm currently out of business.

Thank You,

A handwritten signature in black ink, appearing to read "Juan J. Rubio". The signature is fluid and cursive, with the first name "Juan" and last name "Rubio" clearly distinguishable.

Juan J. Rubio  
Cell: 561.346.605  
Fax: 561.434.5180