

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 DEC -7 PM 10: 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 003000025195

1. Corporation Name

Joel Saez Inc.

WJUS000049438

2. Principal Office Address

5319 Bonafish

Suite, Apt. #, etc.

3. Mailing Office Address

5319 Bonafish St.

Suite, Apt. #, etc.

City & State

Orlando FL.

City & State

Orlando FL.

Zip

32812

Country

US

Zip

32812

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

03-03-2008

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (8/05)

**7. Name and Address of Current Registered Agent**

Name

Joel Saez

100062127231

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

5319 Bonafish St.

12/13/05--01055--015 #300 00

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32812

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

Joel Saez

REGISTERED AGENT MUST SIGN

Date 12-2-05

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
<u>P</u>	<u>Saez, JOEL</u>	<u>5319 Bonafish St</u>	<u>Orlando, FL 32812</u>

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)(l), 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:

Joel Saez Joel Saez

Date

12-2-05

Daytime Phone #