

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAR 17 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # #703060040038

1. Corporation Name

JICAL Investment, Inc

2. Principal Office Address

1110 SW 101 Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Miami, FLORIDA

City &amp; State

Zip

33174

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9.4.2003

5. FEI Number

56-2342518

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 (if not checked, fee is \$0.00)

## 7. Name and Address of Current Registered Agent

Name

JAIRO CALDERON

300048982933

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

1110 SW 101 Ave

03/23/05--01014--007 \*\*150 00

Suite, Apt. #, Etc.

300048982933

03/23/05--01014--008 \*\*150 00

City

Miami

State

FL

Zip Code

33174

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of  
Registered Agent

Date 02-17-2005

REGISTERED AGENT MUST SIGN

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	CALDERON JAIRO	1110 SW 101 Ave	Miami, FL 33174
VD	CALDERON JUAN S.	1110 SW 101 Ave	Miami, FL 33174
SD	CALDERON JUAN S.	1110 SW 101 Ave	Miami, FL 33174

REINSTATEMENT 04-05

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

02-17-2005 305 728 1341

Date

Daytime Phone #

**ALEXANDER J. ALFANO**

***Attorney and Counselor at Law***

26558 Le Jeune Road, Suite 403

Coral Gables, FL 33134

Tel: (305) 728 1341; Fax: (305) 728 1331

[aalfano998@aol.com](mailto:aalfano998@aol.com)

---

February 17<sup>th</sup>, 2005

Via: Facsimile

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
PO BOX 6327  
TALLAHASSEE, FLORIDA 32314

Re: JICAL INVESTMENT, INC REINSTATEMENT

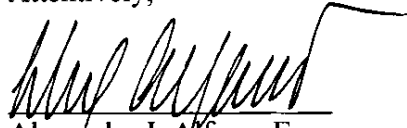
To Whom It May Concern:

Please find enclosed a check for \$150.00 to allow for the reinstatement of JICAL INVESTMENT, INC that was administratively dissolved on October 1<sup>st</sup>, 2004

We are requesting a waiver of the \$600.00 reinstatement fee due to the fact that the Corporate Annual Report package from the Florida Secretary of State was never received by the corporate registered agent. Please be assured that the corporate directors have been awaiting the correspondence from the Florida Secretary of State that would guide them through the annual report procedures.

Your assistance in this matter is greatly appreciated. If further information is required please do not hesitate to reach me at the address or telephone number listed above.

Attentively,

  
\_\_\_\_\_  
Alexander J. Alfano, Esq.

Encl. Corporate reinstatement form  
Attorney's escrow check for \$150.00