

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -8 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-03000058420

1. Corporation Name

J.J.J.A. GIRALDO SERVICE, CORP.

69 SUNDIAL CIRCLE
69 SUNDIAL CIRCLE

2. Principal Office Address

69 SUNDIAL CIRCLE

3. Mailing Office Address

69 SUNDIAL CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE-FLORIDA

City & State

MARGATE-FLORIDA

Zip

33068

Country

Zip

33068

Country

REINSTATEMENT 09

4. Date Incorporated or Qualified

To Do Business in Florida 05/28/2003

5. FEI Number

65-1191302

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

ENRIQUE GUEVARA

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

630 S. STATE RD 7 (441)

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33068

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

11-04-04

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 | ADRIANA M GIRALDO | 69 SUNDIAL CIRCLE- | MARGATE-FLORIDA-33068 |
| VD | JHON GIRALDO | 69 SUNDIAL CIRCLE | MARGATE-FLORIDA-33068 |
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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

11-04-04

Date

954-234-6279

Daytime Phone #

CR2E081 (01/04)

**J.J.J.A. GIRALDO SERVICE, CORP
69 SUNDIAL CIRCLE
MARGATE -FLORIDA-33068
DOCUMENT # P-03000058420**

**SECRETARY OF STATE
DIVISION OF CORPORATIONS
REINSTATEMENT SECTION
409 EAST GAINES STREET
TALLAHASSE, FLORIDA-32314**

TO WHOM IT MAY CONCERN

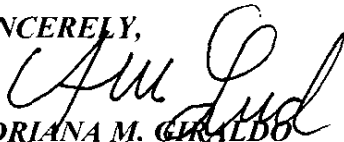
I ADRIANA GIRALDO SUBMITTING THIS LETTER TO INFORM YOU THAT

THE REASON FOR ME NOT HAVING SENT THE ANNUAL REPORT YOU BECAUSE

**I DID NOT RECEIVED THE FORM (2004 FOR PROFIT CORPORATION ANNUAL
REPORT)**

**ATTACHED YOU WILL FIND A CKECK IN THE AMOUNT OF US 150.00 WICH
IS THE FEE FOR ONE YEARS, PLEASE ACCEPT THIS FEE.**

SINCERELY,


ADRIANA M. GIRALDO