

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

08 MAR 11 AM 6:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-20-08

200119930842
03/11/08--01008--009 **450.00

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida 06/09/2003

5. FEI Number 56-2367421

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P63000063499

1. Corporation Name

Juan Jose Lopez, Inc.

W08000010575

2. Principal Office Address - No P.O. Box #

400 SW 10TH AVE.

Suite, Apt. #, etc.

400

City & State

MIAMI, FL

Zip

33174

Country

USA

3. Mailing Office Address

400 SW 10TH AVE.

Suite, Apt. #, etc.

400

City & State

MIAMI, FL

Zip

33174

Country

USA

7. Name and Address of Current Registered Agent

Name

Roberto A. Lopez

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

9581 Fontainebleau Blvd

Suite, Apt. #, Etc.

Apt. 309

City

MIAMI

State

FL

Zip Code

33172

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

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	Roberto A. Lopez	9581 Fontainebleau Blvd #309	MIAMI, FL 33172

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 contained in Chapter 119, 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

3-4-08 (305) 525-0062

Daytime Phone #

February 21, 2008

To Whom It May Concern:

This letter is a formal request to abate penalty for not filing our annual report on time due to the fact that we did not receive the renewal or the dissolution notice. Also, we change our principal address to: 400 SW 107th Avenue, Suite 400, Miami, FL 33174.

Attached you will find the reinstatement application along with a check for US\$450.00 covering the annual report fee for 2006, 2007 and 2008.

If you need additional information, please do not hesitate to contact us at your convenience.

Sincerely,

Juan Jose Lopez, Inc


Roberto Lopez, president