

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 FEB 13 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200088463112
02/16/07--01004--015 **300.00

REINSTATEMENT

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000108214

1. Corporation Name

J G-C CHAMORRO, INC

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

9116 NW 193 TR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33018

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-3264524

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
Chamorro Jorge L

Street Address (P.O. Box Number is Not Acceptable)
9116 NW 193 Terrace

Suite, Apt. #, Etc.

City
Miami, FL 33018

State
FL

Zip Code

☐ 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.

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

Jorge L Chamorro
REGISTERED AGENT MUST SIGN

Date 02/08/2007

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	Chamorro Jorge L	9116 NW 193 Tr	Miami, FL 33018
VPD	Chamorro George L	9116 NW 193 Tr	Miami, FL 33018

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:

Jorge L Chamorro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/07 305-8

Date

Daytime Phone #

Q. Miches FEB 9 2007

2052

February 08, 2007

Uniform Business Report
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Re: Uniform Business report & reinstatement
J.G.C. Chamorro, Inc

P05000108214

Dear Sirs:

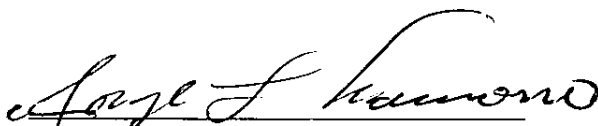
Attached please find Business Report and Reinstatement for above mention Corporation and money order in the amount of \$ 300.00

We did not receive the 2006 to 2007 business report in time to file because I not received the form in time,. Please accept the attached Money order in the amount of \$ 300.00 for 2006 and 2007 Uniform Business Report. Please, waive the fee for reinstatement.

I requested to the Internal Revenue Service and the EIN of the Corporation is ready.

If further information is needed please contact me

Sincerely,



Jorge L Chamorro - President
9116 NW 193 Terrace
Miami, F 33018