

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P05000118100*

1. Corporation Name

Jeronimo Ramirez Masany, Inc.

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

802 28th St E.

Suite, Apt. #, etc.

City & State

Bradenton, Florida

Zip

34208

Country

Manatee

3. Mailing Office Address

802 28th St E.

Suite, Apt. #, etc.

City & State

Bradenton, Florida

Zip

34208

Country

Manatee

7. Name and Address of Current Registered Agent

Name

Jeronimo Ramirez Masany, Inc.

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

802 28th St E.

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34208

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

Jeronimo Ramirez Masany, Inc.

REGISTERED AGENT MUST SIGN

Date

9-19-07

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
P	<i>Jeronimo Ramirez</i>	<i>802 28th St E.</i>	<i>Bradenton, FL 34208</i>
	<i>Mg/24</i>		

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

Jeronimo Ramirez

Date

9/19/07 941-518-2893

Daytime Phone #

FILED

07 SEP 25 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *06-07*
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

8/22/05

5. FEI Number

34-2054235

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.