

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

07 MAY 24 PM 1:41

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 0500036445-

1. Corporation Name

Jessica pavers, Inc.

REINSTATEMENT

06-07
JH

2. Principal Office Address

555 NE 160 Ter

3. Mailing Office Address

11

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11

City & State

Miami, FL

City & State

11

Zip

33162

Country

Zip

11

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/05

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Carlos H. Hernandez

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

555 NE 160 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33162

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Carlos H. Hernandez

Date

5/16/07

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
P	Carlos H. Hernandez	555 NE 160 Ter	Miami, FL 33162

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 807 or 817, 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 807.0401 or 817.0401, 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)(b), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Carlos H. Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/07 305-970-4879

Date

Daytime Phone

2/2

JESSICA PAVERS INC
555 NE 160 TERRACE
MIAMI, FL 33162
305.970.4879

May 16, 2007

Florida Department of State
Division of Corporations

Re: **JESSICA PAVERS INC**
P05000136445

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking that the penalty please be waived for the corporation. We did not receive notification in the mail so thank you in advance for your time and consideration.

Sincerely,

Carlos H. Hernandez
Manager

