

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 12 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000136445

1. Corporation Name

JESSICA PAVERS, INC.

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

555 NE 160TH TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33162

Country

USA

3. Mailing Office Address

555 NE 160TH TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33162

Country

USA

300171993133
03/12/10--01004--013 **300.00

REINSTATEMENT 9-10

4. Date Incorporated or Qualified
To Do Business in Florida 10.05.2005

5. FEI Number

20-3600878

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

CARLOS H HERNANDEZ

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

555 NE 160TH TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33162

☒ 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

Carlos H Hernandez

Date 03.09.2010

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 160TH TERRACE	MIAMI, FL 33162

10. E-mail Address: INFO@FLORIDALICENSESANDCORPORATIONS.COM

(To be used for future annual report notification)

11. 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. I further certify, 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

Carlos H Hernandez

03.09.2010 305.970.4879

Date

Daytime Phone #