

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY -9 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

J. CARELA, Inc.

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

13841 SW 9 Terrace

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33184

Country

USA

3. Mailing Office Address

13841 SW 9 Terrace

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33184

Country

USA

900204240259
05/06/11--01025--019 **150.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10-07-05

5. FEI Number

20-3925105

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

Jose F. CARELA

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

13841 SW 9th Terrace

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33184

900204240259
04/25/11--01053--016 **750.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 04-20-11

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
PSD	JOSE CARELA	13841 SW 9 Terrace	MIAMI, FL 33184

REINSTATEMENT 15-01

10. E-mail Address:

THALIA.CARELA@bellsouth.net

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

04-20-11

305-559-6081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(JOSE F. CARELA)