

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR -2 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000002020

1. Corporation Name

MARIA JUNG COUTURIER, INC.

2. Principal Office Address

370 MIRACLE MILE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

3. Mailing Office Address

370 MIRACLE MILE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

11/4/92

5. FEI Number

65-0377262

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

Ty JAVELLANA, CPA

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

1250 E. HALLANDALE BEACH BLVD., STE. 405

Suite, Apt. #, Etc.

City

HALLANDALE BEACH, FLORIDA

State

FL

Zip Code

33009

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

Ty JAVELLANA, CPA

REGISTERED AGENT MUST SIGN

Date 3/28/01

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
PDS	MARIA JUNG	370 MIRACLE MILE	CORAL GABLES, FL 33134
			200004063942--7
			-04/24/01--01067--014
			***908.75 ***908.75

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 under section 119.07(3)(i), 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

29th / MAR / 2001

Date

305-461-2090

Daytime Phone #

CR2E081 (9/00)