

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 NOV 10 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012610

1. Corporation Name
JORAME, INC.

Principal Place of Business
**14612 GAINESBOROUGH DR.
ORLANDO FL 32826**

Mailing Address
**14612 GAINESBOROUGH DR.
ORLANDO FL 32826**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/11/1994	
City & State		City & State		5. FEI Number 59-3225493	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	GONZALEZ, HERBERT	14611 GAINESBOROUGH DR.	ORLANDO FL 32826
STD	GONZALEZ, ANA	14611 GAINESBOROUGH DR.	ORLANDO FL 32826

600002345136--6
-11/12/97--01098--002
****165.00 ****165.00

APR 11/10

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GONZALEZ, HECTOR 14612 GAINESBOROUGH DR. ORLANDO FL 32826		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **11-6-97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector Gonzalez / Pres. 11-6-97 407-281-4700

Date

Daytime Phone #

CR2040 (8/97)

Jorame Inc.
14612 Gainsborough Drive
Orlando, Fl. 32826

November 3, 1997

Florida Department of State
Division of Corporation's
P.O. Box 6327
Tallahassee, Florida 32314-6327

Ref: P 94000012610

We would like to inform you that on May, 1997 we had send you a check dated May 1, 1997, for the amount of one hundred and sixty five dollars (\$165.00), check # 2138. When we received your letter we reviewed our records and noticed that the check above mentioned was never cashed. We believe this check got lost in the mail. Per our telephone conversation on November 3, 1997, we have enclosed a check for one hundred and sixty five dollars (\$165.00), check # 2685, to replace the check above mentioned.

Please correct your records accordingly and reinstate our corporation. We are sorry for any inconvenience that this incident may have caused and we are looking forward to hear from you soon.

Thank you for your assistance and cooperation.

Sincerely,



Hector Gonzalez
President

Enclosures