

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
98AR
REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

FILED

98 DEC 10 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # **P 94000035694**

JOSE FLORES ENTERPRISES CORPORATION
3850 SW 87 AVE #102
MIAMI FL 33165

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified To Do Business in Florida
05-11-94

5. FEI Number
65-0489476

FEI Number Applied For
FEI Number Not Applicable

6. **\$8.75 Additional Fee required for a Certificate of Status**
CERTIFICATE OF STATUS DESIRED

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
P.S.	JOSE FLORES	3850 SW 87 AVE #102	MIAMI FL 33165

100002712531--8
-12/15/98--01033--012
****150.00 ****150.00

AB 12/14

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office


Name **JOSE FLORES**

Street Address (Do NOT Use P.O. Box Number) **3850 SW 87 AVE #102**

Street Address (Do NOT Use P.O. Box Number)

City **MIAMI** State **FL.** Zip **33165**

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.

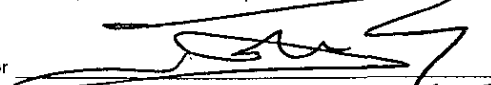
Signature of Registered Agent  Date **NOV 02 98**

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. 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. 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 of Officer or Director  Date **11-02-98** Daytime Phone # **305 221-9704**

Typed or printed name of signing officer or director **JOSE FLORES**

CIR 3040 (6-92)

NOV. 23, 1998

JOSE FLORES ENTERPRISES CORPORATION
~~3850 S.W. 87 AVE. STE #102~~
MIAMI, FL-33165

TO WHOM IT MAY CONCERN:

I wasn't able to send the payments because I didn't receive the Annual Report, and because my economic situation was very hard on my business with really low income.

Sincerely yours



Jose Flores
President