

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 13 AM 8:00

DOCUMENT #

1. Corporation Name

P94000088568

JIRAH Corporation

2. Principal Office Address

4617 NW 96 Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33178

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/7/1994

5. FEI Number

65-0539124

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

500022290245

08/13/03--01064--012 **1358.75

MRS

7. Name and Address of Current Registered Agent

Name

Joseph Coletti, Esq.

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

3550 Biscayne Blvd.

Suite, Apt. #, Etc.

610

City

Miami

State

FL

Zip Code

33137

REINSTATEMENT

00-03

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

REGISTERED AGENT MUST SIGN

Date

8/7/03

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
President	Gilberto L. Alonso	4617 NW 96 Avenue	Miami, FL 33178
Vice President	Mayra Alonso	4617 NW 96 Avenue	Miami, FL 33178

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

8/9/03

Date

305-468-9783

Daytime Phone #

CR2E081 (10/02)