

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091540

1. Corporation Name

JIMENEZ REALTY, INC.

Principal Place of Business

6914 NW 46 STREET  
MIAMI FL 33166  
US

Mailing Address

6914 NW 46 STREET  
MIAMI FL 33166  
US

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

2. New Principal Office Address, If Applicable

6914 NW 46 ST  
SUITE, APT. #, ETC.  
MIAMI FL 33166  
City & State

3. New Mailing Office Address, If Applicable

JIMENEZ Realty Inc  
SUITE, APT. #, ETC.  
6914 NW 46 ST  
MIAMI FLORIDA  
City & State

Zip 33166 Country USA

Zip 33166 Country USA

REINSTATEMENT

To Do Business in Florida

12/16/1994

5. FEI Number

65-0560934

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JIMENEZ, REY	6917 NW 46 STREET	MIAMI FL 33166

000023869930  
10/17/03--01016--024 \*\*750.00

8. Name and Address of Current Registered Agent

JIMENEZ, REY  
6917 NW 46 STREET  
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name REY JIMENEZ  
Street Address (P.O. Box Number is Not Acceptable)  
6917 NW 46 Street  
Suite, Apt. #, Etc.  
MIAMI  
City MIAMI State FL Zip Code 33166

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/14/03

11. I certify that I am an officer or director of 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

Date

Daytime Phone #

Reynolds J Jimenez 786 845-8884