

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

98 NOV 16 AM 10:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000035922

1. Corporation Name

JUAN CARLOS NARANJO, P.A.

Principal Place of Business

Mailing Address

~~6285 SW 40 ST.~~
~~MIAMI FL 33155.~~
~~US~~

~~9011 SW 115 AVE.~~
~~MIAMI FL 33165~~
~~US~~

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

2. New Principal Office Address, If Applicable

8300 SW 8 Street

3. New Mailing Office Address, If Applicable

490 SW 123 Avenue

Suite, Apt. #, etc.

#108

Suite, Apt. #, etc.

MIAMI, FL

City & State

MIAMI FLORIDA

City & State

MIAMI, FL

Zip

33144

Country

USA

Zip

33184

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

05/08/1995

5. FEI Number

65-0577959

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

98

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
D	NARANJO, JUAN C	6285 SW 40 ST. 490 SW 123 Avenue, MIAMI, FL 33184	MIAMI FL

200002691912--4
~~11/13/98-01088-019~~
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~AL NARANJO, MARIA L~~
~~8410 W. FLAGLER ST.~~
~~STE. 260B~~
~~MIAMI FL 33144~~

Name

MARIA L. ALO - NARANJO

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

8300 SW 8 Street

Suite, Apt. #, Etc.

304

City

MIAMI

State

FL

Zip Code

33144

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 REQUIRED

Date

11-13-98

REGISTERED AGENT MUST SIGN

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)(l), 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 REQUIRED

JUAN CARLOS NARANJO

11-13-98

(305) 263-9447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E046 (9/95)