

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P95000088042

1. Corporation Name **JSC Realty, Inc.**

Principal Place of Business
1601 N.W. 97th Avenue
Suite D
Miami, Florida 33172

Mailing Address
1601 N.W. 97th Avenue
Suite D
Miami, Florida 33172

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

2. New Principal Office Address, If Applicable
1601 N.W. 97th Avenue

Suite, Apt. #, etc
Suite D

City & State
Miami, Florida 33172

Zip 33172 Country USA

3. New Mailing Address, If Applicable
1601 N.W. 97th Avenue

Suite, Apt. #, etc

Suite D

City & State
Miami, Florida 33172

Zip 33172 Country USA

DO NOT WRITE IN THIS SPACE
4 Date Incorporated or Qualified
To Do Business in Florida November 16, 1995

5 FEI Number

X

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

\$875 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
President	Marta E. Hermida	1601 N.W. 97th Avenue Suite D, Miami, Fla 33172	Miami, Florida 33172
Director			

7800082046137--5
-01/06/97--01003--002
****375.00 ****375.00

8. Name and Address of Current Registered Agent

Name and Address of New Registered Agent

Marta E. Hermida
1601 N.W. 97th Avenue
Suite D
Miami, Florida 33172

Marta E. Hermida
Street Address (Post Office Box Number is Not Acceptable)
1601 N.W. 97th Avenue
Suite, Apt. #, etc
Suite D
City
Miami
State
FL
Zip Code
33172

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

REGISTERED AGENT MUST SIGN

Date December 27, 1996

11. 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.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

282-6553
December 27, 1996 371-2888

Date

Daytime Phone