


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

98 DEC 21 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

DOCUMENT # P96000042440

1. Corporation Name

JOSU INTERCON, INC.

Principal Place of Business

4105 JOHNSON STREET  
HOLLYWOOD FL 33021

Mailing Address

4105 JOHNSON STREET  
HOLLYWOOD FL 33021

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98

Date Incorporated or Qualified  
To Do Business in Florida

05/17/1996

5. FEI Number

65-0679140

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	SUVILLAGA, JOSE	4105 JOHNSON STREET	HOLLYWOOD FL 33021
V	SUVILLAGA, SARA	4105 JOHNSON STREET	HOLLYWOOD FL 33021
S	SUVILLAGA, GLORIA	4105 JOHNSON STREET	HOLLYWOOD FL 33021
T	TAYLOR, SCOTT	4105 JOHNSON STREET	HOLLYWOOD FL 33021
AT	TAYLOR, CELIA	4105 JOHNSON STREET	HOLLYWOOD FL 33021

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEISMAN, DAVID  
2021 TYLER STREET  
HOLLYWOOD FL 33020

Name

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

Suite, Apt. #, Etc.

City

100002725851--5

-12/30/98 State 12/30/98 013

\*\*\*758.FL \*\*\*758.98

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

REGISTERED AGENT MUST SIGN

Date 11-16-98

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)(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:

*Jose Suvillaga*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Suvillaga, President 11-16-98 (954)961-6530

Date

Daytime Phone #

CR25040 (9/98)