


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 # 996000056151

1. Corporation Name

JURADO GROUP HOLDING INC

FILED

97 DEC 29 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
MIAMI, FL	444 Brickell Avenue - Suite 210

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

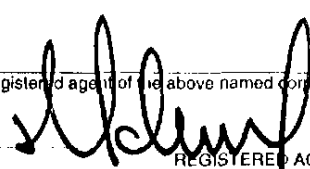
2. New Principal Office Address, If Applicable <u>444 Brickell Avenue</u>	3. New Mailing Office Address, If Applicable <u>444 Brickell Avenue</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>Jul 16, 1996</u>
Suite, Apt. #, etc. <u># 210</u>	Suite, Apt. #, etc. <u># 210</u>	5. FEI Number <u>65-0713992</u>
City & State <u>Miami, Florida</u>	City & State <u>Miami, Florida</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip <u>33131</u>	Country <u>EE.UU</u>	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

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
P	LUZ MARINA ECHEVERRI	444 Brickell Av. Suite # 210	Miami FL 33131
VP	FERNANDO ECHEVERRI	444 Brickell Av. Suite # 210	Miami FL 33131
VP	OLGA LUCIA ECHEVERRI	444 Brickell Av. Suite # 210	Miami FL 33131
VP	JAIME ECHEVERRI	444 Brickell Av. Suite # 210	Miami FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Signature of Registered Agent  REGISTERED AGENT MUST SIGN	Name FERNANDO ECHEVERRI
	Street Address (P.O. Box Number is Not Acceptable) <u>444 Brickell Avenue, Suite 210</u>
	Suite, Apt. #, Etc. <u># 210</u>
	City <u>Miami FL</u>
	State FL
	Zip Code <u>33131</u>

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

Date December 24, 1997

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 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:

Luz Marina Echeverri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 24/97
Date

305 358-1999
Daytime Phone #

CP-20040 (12/96)