

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JUN 24 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000098232

1. Corporation Name

JAMIRA CORP.

Principal Place of Business

2750 DOUGLAS RD  
SUITE 200  
MIAMI FL 33133  
US

Mailing Address

2750 DOUGLAS RD  
SUITE 200  
MIAMI FL 33133  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/05/1996

5. FEI Number

65-0719224

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	MOHAMMAD, HAJJAR P	2750 DOUGLAS RD, STE 200	MIAMI FL
VP	GRAY, MAURICE E P E	2750 DOUGLAS RD STE 200	MIAMI FL
			200007111252--6 -08/14/02--01059--003 ****150.00 ****150.00
			200007111252--6 -08/14/02--01059--004 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

HAJJAR, MOHAMMAD  
2750 DOUGLAS RD  
SUITE 200  
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/02 (305) 445-2399

CR2E040 (8/01)

2cel

# JAMIRA CORPORATION

2750 Douglas Road, Suite # 200, Miami, Florida, 33133. Ph: 305.445.2399 Fx: 305.445.2219

May 23, 2002

## FLORIDA DEPARTMENT OF STATE

Divisions of Corporations

P.O.BOX 6327

Tallahassee, Florida, 32314

Attn: Tyrone Scott  
Document Specialist

**RE: JAMIRA CORPORATION**  
**P96000098232**

Jamira Corp. has been in business since 1996. The corporation fee is the first priority to be sent out every year. However our check and application for year 2001 apparently never reached your office. We did not realized until your office returned our 2002 application fee.

I contacted your office and explained that last year application might have been lost in the mail. They advised me to write this letter.

Please find attached two checks for 2001 and 2002 corporation fee. I hope this letter will clarify that our intention is send our annual application fee on time.

Do not hesitate to contact me if you have any question regarding this letter. I appreciate your cooperation in this matter.

Sincerely;

  
**Mohammad Hajjar**  
Principal