

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 18 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000015126

**1. Corporation Name**

Jaimanitas Equipment Rentals Corp

6741 SW 24 Street  
1821 SW 93 Place

**2. Principal Office Address**

6741 SW 24 Street

**3. Mailing Office Address**

1821 SW 93 Place

Suite, Apt. #, etc.

Suite 13

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

USA

Zip

33165

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 02/17/1997

**5. FEI Number**

65-0727908

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Roberto Carvajal

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

1821 SW 93 Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Roberto Carvajal*  
REGISTERED AGENT MUST SIGN

Date 10/09/2004

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Roberto Carvajal	1821-SW 93 Place	Miami, FL 33165

*12/12/03*

330842865453  
11/18/04--01031--006 \*\*\*300.00

**10. 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:**

*Roberto Carvajal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

786-255-1058

Daytime Phone #

CR2E081 (01/04)

October 9, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: P97000015126

Attn: Renewal Dept:

Gentlemen:

In reference to the above mentioned corporation, please be advised that we never received the renewal notice.

We contacted your renewal department and they advised us to write a letter and specify what happened and to submit the original annual fee and you would renew the corporation.

Your cooperation in this matter is anticipated and appreciated.

Thank you,



Roberto Carvajal  
President