

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **P97000032912**

1. Corporation Name **J. J. GAS SERVICE & CONTRACTORS CORP**

Principal Place of Business
**2101 NW 68 Ave
MIAMI 33187**

Mailing Address
**P.O. Box 527841
MIAMI 33152**

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
P.O. Box 527841

Suite, Apt. #, etc.

Suite, Apt. #, etc.
MIAMI

City & State

City & State
MIAMI

Zip

Country

Zip
33152

Country

USA

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
PRES	SIGNORA LEAL	8765 N.W. 148 TER	
	MIAMI 33018		
SECRETRE	JANNEIL LEAL	8765 NW 148 TER	
	MIAMI 33018		

600002823616--8
-03/30/99--01061--001
****900.00 ****900.00

8. Name and Address of Current Registered Agent

SIGNORA LEAL
8765 NW 148 TER HOME
MIAMI FL 33018

9. Name and Address of New Registered Agent

Name
Same
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

Signora Leal
REGISTERED AGENT MUST SIGN

Date

3-9-99

11. This corporation owes 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)(b) 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signora Leal

3-9-99 305-870-9344

FILED

03 MAR 22 PM 2:26

RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA

REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida **4/1/97**

5. U.I. Number **65-0747797**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required for a Certificate of Status**

CRP081 (12-98)