

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 27 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000053053

1. Corporation Name

J.R. RECORD MANAGEMENT, INC.

Principal Place of Business

Mailing Address

11115 NW 61ST AVENUE
HIALEAH FL 33012

11115 NW 61ST AVENUE
HIALEAH FL 33012

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

P.O. Box 2623

Hialeah, FL

33013 USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1997

5. FEI Number

65-0765256

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	RODRIGUEZ, JANET Deceased	11115 NW 61ST AVENUE	HIALEAH FL 33012
VD	RODRIGUEZ, OSCAR	11115 NW 61ST AVENUE	HIALEAH FL 33012
SD	RODRIGUEZ, JANIE	11115 NW 61ST AVENUE	HIALEAH FL 33012
			200003099032--7 -01/14/00--01065--003 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, OSCAR
11115 NW 61ST AVENUE
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name

Janne Rodriguez

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

11115 NW 61 Ave.

Suite, Apt. #, Etc.

Hialeah, FL

City

Hialeah

State
FL

Zip Code
33012

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

Janne Rodriguez
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-14-99

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:

Janne Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-99

Date

Daytime Phone #

CR2E040 (8/99)