

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 DEC 19 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000102561**

1. Corporation Name **JESUS SUAREZ, INC.**

**REINSTATEMENT**

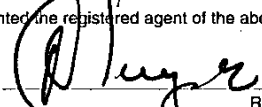
**98.00**

2. Principal Office Address <b>5200 S.W. 8TH ST</b> Suite, Apt. #, etc. <b>SUITE 202A</b> City & State <b>CONAL GABLES, FL</b> Zip <b>33134</b> Country <b>DAOA</b>		3. Mailing Office Address <b>5200 SW 8ST</b> Suite, Apt. #, etc. <b>SUITE 202A</b> City & State <b>CONAL GABLES, FL</b> Zip <b>33134</b> Country <b>DAOE</b>	
---	--	--	--

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <b>65-0799734</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <b>SUAREZ, JESUS</b>	700003521627-7
Street Address (P.O. Box Number is Not Acceptable) <b>5200 S.W. 8TH STREET</b>	--01/03/01--01034--009 ***1050.00 ***1050.00
Suite, Apt. #, Etc. <b>SUITE 202A</b>	
City <b>CONAL GABLES, FL</b>	State <b>FL</b> Zip Code <b>33134</b>

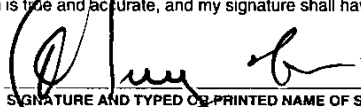
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date **12/14/2000**

REGISTERED AGENT MUST SIGN

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
<b>PO</b>	<b>SUAREZ, JESUS</b> <b>5200 S.W. 8TH ST</b> <b>CONAL GABLES, FL 33134</b>	<b>5200 SW 8ST STE 202A</b> <b>CONAL GABLES, FL 33134</b>	<b>CONAL GABLES, FL 33134</b>
			<b>LS</b>

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:  **12/14/2000** **305 445-9025**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #