

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 OCT 21 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000009941**

1. Corporation Name

J. J. ELIZONDO, INC.

Principal Place of Business

4850 NW 102 AVE #101
MIAMI FL 33178

Mailing Address

4850 NW 102 AVE #101
MIAMI FL 33178

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

2. New Principal Office Address, If Applicable

4611 N.W. 102 Court
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4611 NW 102 Court
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1998

5. FEI Number

65-0809803

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
President	Jose Elizondo	4611 NW 102 Court	Miami, FL 33178

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****150.00 ****150.00

8. Name and Address of Current Registered Agent

ELIZONDO, JOSE F
4850 NW 102 AVE #101
MIAMI FL 33178

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

Jose Elizondo REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/18/99

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:

Jose Elizondo REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/99

Date

305-408-9861

Daytime Phone #

2333 Ponce De Leon Blvd.
Suite 443-14
Coral Gables, Fl. 33134
Phone # 305-569-3709
Fax # 305-569-4018
E-Mail: elizondo@lucent.com



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facsimile transmittal

To: Division of Corporations Fax:

From: Jose Elizondo *JE* Date: 10/18/99

Re: J.J. Elizondo, Inc. Pages: 1

CC:

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

To whom it may concern,

On October 1999, I received a letter from the Florida Divisions of Corporations stating that it was in the process of "Administrative Dissolution or Revocation".

I called the 800 number to speak with a representative explaining to her that I had moved at the end of the year and that I had never received the first notice of renewal. She then advised that I write a letter explaining what I had told her and to send it in with my application and the \$150.00 due.

Therefore I am including this letter and my payment in hopes of resolving this issue. I am also requesting a change of address as stated in my application in order to avoid any miscommunications in the future.

If you have any questions please feel free to contact me at 305-406-9861.

Thank you very much