

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

AND
FILED

00 AUG 29 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000010841**

1. Corporation Name

C.R.J. INVESTMENTS, INC.

2. Principal Office Address

937 Sunset Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Zip

Country

Zip

Country

33143 Dade

4. Date Incorporated or Qualified
To Do Business in Florida

2/3/98

5. FEI Number

05-0829033

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

CRISTINA PERTIERA

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

937 Sunset Rd

Suite, Apt. #, Etc.

City

Coral Gables, FL 33143

State

FL

Zip Code

33143

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.

Cristina Pertiera

Date **8/28/00**

REGISTERED AGENT MUST SIGN

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
1/5	CRISTINA PERTIERA	937 SUNSET ROAD	CORAL GABLES, FL 33143

REINSTATEMENT

99-00
[Signature]

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:

Cristina Pertiera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRISTINA PERTIERA

Date

8/28/00 (305) 669-3124

Daytime Phone #