

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 PM 5:38

DOCUMENT # P98000018951

1. Corporation Name

MUSEO DEL JAMON, CORP.

Principal Place of Business

Mailing Address

~~12542 SW 78TH STREET~~ 11441 SW 28 ST.
MIAMI FL ~~33183~~ MIAMI, FL. 33165 PO BOX 831514
MIAMI FL 33283



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

2. New Principal Office Address, If Applicable

11441 SW 28 ST. MIAMI, FL 33165

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. P.O. Box 831514

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip 33165

Country USA

Zip 33283-1514

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1998

5. FEI Number

☒ Applied For

APPLIED FOR

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PEREIRA, JOSE L	12542 SW 78TH STREET 11441 SW 28 ST.	MIAMI FL 33183 33165
D	JOSE LUIS PEREIRA JR.	11441 SW 28 ST.	MIAMI FL 33165
D	MARIA ROSA PEREIRA	11441 SW 28 ST.	MIAMI FL 33165
			8000003488618--6 -12/06/00--01010--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

PEREIRA, JOSE L
~~12542 SW 78TH STREET~~ 11441 SW 28 ST.
MIAMI FL ~~33183~~ 33165

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-24-2000

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] (JOSE L. PEREIRA)

Date

10-24-2000

Daytime Phone #

305-5597451

AD

CR2E040 (8/00)

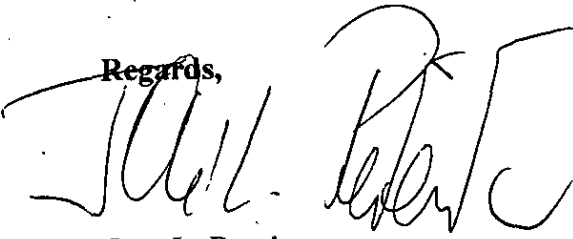
September 21, 2000

**Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500**

This is to advise that I am sending a check for the amount of \$150.00. This payment is late due to the fact that the post office returned the uniform business report back to you.

If you have any other questions, please feel free to call me at 9305)559-7451.

Regards,

A handwritten signature in black ink, appearing to read 'Jose L. Pereira', written over the word 'Regards,'.

**Jose L. Pereira
Museo del Jamon Corp.
Document#:P9800001895**