

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN 31 PM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000032544

1. Corporation Name

JENA VIDA DE ECHAVARRIA S.A., INC.

Principal Place of Business

Mailing Address

7919 WELLSMERE CIRCLE
ORLANDO FL 32835

7919 WELLSMERE CIRCLE
ORLANDO FL 32835

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/1998

5. FEI Number

59-3534681

☒ 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
D	ECHAVARRIA, HECTOR	7919 WELLSMERE CIRCLE	ORLANDO FL 32835
			600003130336--9 -02/10/00--01004--025 ****750.00 ****750.00
			600003130336--9 -02/10/00--01004--025 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

COHEN, DAVID S.
2345 SAND LAKE ROAD SUITE 120
ORLANDO FL 32809

9. Name and Address of New Registered Agent

Name

Gregory B. Galloway

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

1000 Universal Studios Plaza

Suite, Apt. #, Etc.

Bldg. 22A, Suite 218

Orlando

State
FL

Zip Code
32819

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

Date

1/27/00

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

KE

CR20-00 (8/99)