# PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION FOR**



### FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

#### DOCUMENT # P98000073798

1. Corporation Name

## JAIME PROPERTY DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

7211 N. DALE MABRY HWY.

**SUITE 217 TAMPA FL 33614** 

7211 N. DALE MABRY HWY.

**SUITE 217** 

**TAMPA FL 33614** 

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIÐA

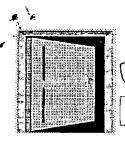


If above a	addresses are incorrect in any way	, line through incorrect	information ar	nd enter correction below.			
			ling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     08/24/1998		
Suite, Apt. #, etc. Suite, Apt. #			, etc.		5. FEI Number App		Applied For
City & State City & St			te				Not Applicable
Zip ' Country Zip			Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Addresses of Each Off	icer and/or Director (F	lorida nonprofi	t corporations must list at le	east 3 directors)		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip	
PD	NIEVES, JAIME	7211 N. D	7211 N. DALE MABRY HWY., SUITE 217		TAMPA FL 33614		
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			8000046536282 -10/25/0101068016 ****150.00 ****150.00				
<u>,</u>						****150.00	****150.00
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						OLUBE	
	8. Name and Address of	gent	CONTRACTOR OF CO				
				Name			
	S, JAIME		Street Address (P.O. Box Number is Not Acceptable)				
	I. DALE MABRY HWY.		Suite, Apt. #, Etc.				
SUITE 217 TAMPA FL 33614				Oute, Apr. 6, Etc.			
IAMEA	CFL 33014		City State Zip Code				
10. I, bein	g appointed the registered agent of	of the above named cor	poration, am f	amiliar with and accept the	obligations of Se	ection 607.0505, F.S.	
Signature Registered		/ LATURA  REGISTERED A	GENT MUST			Date	1-01
this rei	y that I am an officer of director or instatement application, the reason by the corporation have been paid	for dissolution has been	en eliminated,	the corporate name satisfic	es the requireme	nts of section 607.0401 or 617.0	401, F.S., that all fees

**SIGNATURE:** 

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.



# Jaime Property Development Inc.

7211 N.Dale Mabry Hwv. Ste. 217 Tampa. Fl. 33614

To: State of Florida / dept. of State / Div. Of Corp.

## Re: reinstatement

FEI # 59-3530725

This letter is to request that you please allow me to reinstate at the regular fee of \$150.00.

I am a small one-man business and have a small one-room office in a building with many others. I was previously in suite #219 for many years as Jaime **Realt**y assoc. inc. and some of my mail gets lost because it is placed there. I have now made arrangements so that it will not happen again.

 ${\it Thanks in advance for your understanding regarding this matter.}$ 

Any further questions? Feel free to call.

Sincerely,

Dated: 10-15-01

Mr. Jaime Nieves Pres. Tel # 813-629-2789 Fax # 813-932-1811

E-mail # Jaimeprop@aol.com