

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100002967451

11/13/02--01057--026 **908.75

DOCUMENT # **P98000093715**

1. Corporation Name

JOSE A. SANTOS, INC.

Principal Place of Business

**1055 PAPAYA STREET
HOLLYWOOD FL 33019**

Mailing Address

**1055 PAPAYA STREET
HOLLYWOOD FL 33019**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

410 SANDLER & ASSOCIATES

254 BRICK BLVD STE 5

BRICK NJ

08723

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1998

5. FEI Number

58-2423939

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	SANTOS, JOSE A	1055 PAPAYA ST	HOLLYWOOD FL 33019

8. Name and Address of Current Registered Agent

**KING, CLIFFORD M
1800 SECOND STREET, SUITE 855
SARASOTA FL 34238**

9. Name and Address of New Registered Agent

Name

JOSE A. SANTOS

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

1055 PAPAYA STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33019

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 A Santos

REGISTERED AGENT MUST SIGN

Date **11-5-02**

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 A Santos

JOSE A. SANTOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 923-0745

CR2E040 (8/01)