

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 JAN 11 PM 12:12

DOCUMENT # P98000101616

1. Corporation Name

JAMES SANTIAGO, INC.

Principal Place of Business

2307 N ANDREWS AVE  
FORT LAUDERDALE FL 33311  
US

Mailing Address

2307 N ANDREWS AVE  
FORT LAUDERDALE FL 33311  
US



REINSTATEMENT **fb** **DI**

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/01/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0873276

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4                                           |
|---------------|-------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|
| PSTD          | SANTIAGO, JAMES                           | 2307 N ANDREWS AVE                                     | FORT LAUDERDALE FL 33311                                          |
|               |                                           |                                                        |                                                                   |
|               |                                           |                                                        |                                                                   |
|               |                                           |                                                        | 800004784588--0<br>-01/18/02--01053--020<br>****750.00 ****750.00 |
|               |                                           |                                                        |                                                                   |
|               |                                           |                                                        |                                                                   |
|               |                                           |                                                        |                                                                   |

8. Name and Address of Current Registered Agent

SANTIAGO, JAMES  
2307 N ANDREWS AVE  
FORT LAUDERDALE FL 33311

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

REGISTERED AGENT MUST SIGN

Date

12-20-01

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:

James SANTIAGO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-01

Date

FS4-56841

Daytime Phone #