

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 25 AM 8:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000101616

1. Corporation Name

JAMES SANTIAGO Inc

REINSTATEMENT 02-04

2. Principal Office Address

690 NE 13th St

Suite, Apt. #, etc.

105

City & State

FORT LAUDERDALE FL

Zip

Country

33304 USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650290453

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

100038240251

06/24/04--01057--006 **1059.00

Name

JAMES SANTIAGO

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

612 NE 14th Ave Unit A

Suite, Apt. #, Etc.

UNIT A

City

FORT LAUDERDALE

State
FL

Zip Code

33304

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 6-22-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
PRE	JAMES SANTIAGO	612 NE 14th Ave Unit A FORT LAUDERDALE, FL 33304	Fort Lauderdale, FL 33304

10. 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

6-22-04 (954) 763-4051
Date Daytime Phone #

CR2E08 (01/04)