

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000101616

1. Corporation Name

James Santiago Inc

W07-18435

2. Principal Office Address - No P.O. Box #

690 Ne 13th st

3. Mailing Office Address

same

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

33304

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name

James Santiago

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

690 Ne 13th st

Suite, Apt. #, Etc.

105

City

Fort Lauderdale, FL

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

REGISTERED AGENT MUST SIGN

Date **4/10/07**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	James Santiago	612 NE 14th Ave,	Ft Laud, FL, 33304
Sec	james santiago	612 NE 14th Ave,	Fort Lauderdale, FL

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05/23/07--01010--011 **1050.00

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 contained in Chapter 119, 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

James Santiago

Date

4-10-07

Daytime Phone #

954-763-4051

FILED

07 APR 27 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07