

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -7 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000102645

1. Corporation Name

JUNIOR INVESTMENT CORP.

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

14321 N KENDALL DR

3. Mailing Office Address

3785 NW 82 AVE

Suite, Apt. #, etc.

305F

Suite, Apt. #, etc.

302

City & State

MIAMI FL

City & State

DORAL FL

Zip

33186

Country

DADE

Zip

33166

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/98

5. FEI Number

65-0880831

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

OVIES, IDA C

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

3785 NW 82 AVE

Suite, Apt. #, Etc.

302

City

DORAL

State

FL

Zip Code

33166

☒ 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.

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

IDA C Ovies

REGISTERED AGENT MUST SIGN

Date

12/03/09

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
<u>D</u>	<u>CHIARI, GIANNI</u>	<u>14321 SW 88 ST #305F MIAMI FL 33186</u>	
<u>D</u>	<u>CHIARI, MARIA L</u>	<u>14321 SW 88 ST #305F MIAMI FL 33186</u>	
<u>D</u>	<u>CHIARI, JUNIO V</u>	<u>14321 SW 88 ST #305F MIAMI FL 33186</u>	

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

IDA C Ovies

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/03/09

Daytime Phone #