

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000003179**

1. Corporation Name

J.L. AUTO DENT-IST, INC.

Principal Place of Business

10264 SW 128 CT
MIAMI FL 33186

Mailing Address

10264 SW 128 CT
MIAMI FL 33186

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/1999

5. FEI Number

65-0887162

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
D	LARRAURI, JAVIER	10264 SW 128 CT	MIAMI FL 33186
D	CORRADO, ANNA C	10264 SW 128 CT	MIAMI FL 33186

8. Name and Address of Current Registered Agent

LARRAURI, JAVIER
10264 SW 128 CT
MIAMI FL 33186

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. or 617.0505, F.S.

Signature of
Registered Agent

JAVIER LARRAURI

Date

REGISTERED AGENT MUST SIGN

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:

JAVIER LARRAURI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/03
Date

786-443-3368
Daytime Phone #

CR2E040 (7/03)

J.L AUTO DENT-IST, INC
10264 SW 128 COURT
MIAMI, FL 33186
TEL: (786) 443-3368

OCTBER 31, 2003

Florida Department of State
Division of Corporations (Reinstatement Dept)
409 E. Gaines Street
Tallahassee, FL 32399

Re: P99000003179

Dear Sir/Madam:

Attached please find a check in the amount of \$150.00 and the reinstatement form for
J.L. AUTO DESNT-IST, INC

We have not sent the annual report since we never received it. We spoke yesterday
with someone at the reinstatement division, who advice us to send the reinstatement
report and a check for 150.00 and request a waive of any penalties.

Thank you in advance for your kind cooperation

Truly yours,

Javier Larraurri
President