

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

00 OCT 26 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000014707

1. Corporation Name

JUTELCO, INC.

Principal Place of Business

14535 SW 85 STREET
MIAMI FL 33183

Mailing Address

14535 SW 85 STREET
MIAMI FL 33183

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

02/15/1999

5. FEI Number

65 0907837

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	PINA, D J	14535 SW 85 STREET	MIAMI FL 33183
			7000003463827--3 -11/15/2000--01029--019 ****758.75 ****758.75

REINSTATEMENT 2000

[Signature]

8. Name and Address of Current Registered Agent

PINA, D. J
14535 SW 85 STREET
MIAMI FL 33183

9. Name and Address of New Registered Agent

Name
D. J. PINA
Street Address (P.O. Box Number is Not Acceptable)
14535 SW 85 ST
Suite, Apt. #, Etc.
City **Miami** State **FL** Zip Code **33183**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/25/00**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/00

Date

Daytime Phone #

CR2E040 (8/00)