

PLEASE READ ALL INSTRUCTIONS BEFORE COM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90190 046 ***150.00

DOCUMENT # P99000016449

1. Corporation Name

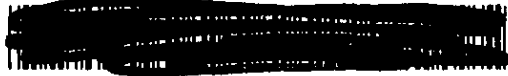
JIMENEZ ASSOCIATES CORP.

U0050405

Principal Place of Business

Mailing Address

18717 SW 344th Terrace
Florida City, Florida 33034



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/25/99

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0900742

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Francisco J. Jimenez	18717 SW 344th Te.	Florida City, FL 33034
S/D	Maria Jimenez	18717 SW 344th Te.	Florida City, FL 33034

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Francisco J. Jimenez
18717 SW 344th Te.
Florida City, FL 33034

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.

Signature of Registered Agent

Francisco J. Jimenez

REGISTERED AGENT MUST SIGN

Date

04-24-00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

Francisco J. Jimenez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-24-00

Daytime Phone #