

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 11 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000016449

1. Corporation Name

JIMENEZ AND ASSOCIATES CORP.

200009464812
12/11/02--01027--016 **900.00

2. Principal Office Address

414 NW 13th Street

Suite, Apt. #, etc.

City & State

Homestead, Fl

Zip

33030

Country

Dade

3. Mailing Office Address

414 NW 13th Street

Suite, Apt. #, etc.

City & State

Homestead, Fl

Zip

33030

Country

Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

1999

5. FEI Number

65-0900742

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

Francisco Javier Jimenez

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

414 NW 13th Street

Suite, Apt. #, Etc.

City

Homestead,

State
FL

Zip Code

33030

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

Francisco J Jimenez

REGISTERED AGENT MUST SIGN

Date 10/22/02

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
P/D	Francisco J. Jimenez	414 NW 13th St	Homestead, Fl 33030
V/D	Maria E. Jimenez	414 NW 13th St	Homestead, Fl 33030

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 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

Daytime Phone #

CR2E081 (9/01)