

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB 21 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000063825

1. Corporation Name

CHARAL CORPORATION

Principal Place of Business

Mailing Address

9180 N.W. 100 STREET
MIAMI, FL 33178

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

9180 N.W. 100 ST.

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

65-1086860

Applied For

Not Applicable

Zip

Country

Zip

Country

MIAMI, FL 33178

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
PD	LUIS ALFREDO JUGO R.	9180 N.W. 100 STREET	MIAMI, FL 33178
SD	SOFIA MOLINA	9180 N.W. 100 STREET	MIAMI, FL 33178
D	MARILIANA JUGO	9180 N.W. 100 STREET	MIAMI, FL 33178
D	LUIS ALFREDO JUGO M.	9180 N.W. 100 STREET	MIAMI, FL 33178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAFAEL E. RODRIGUEZ
9180 N.W. 100 STREET
MIAMI, FL 33178

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (12/98)

February 13, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL-32314

Re: DOCUMENT # P99000063825
CHARAL CORPORATION

Dear Sirs/Madam:

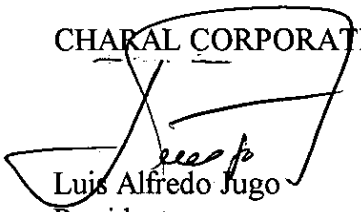
We did not received the Anual report for the year 2002. However, we are enclosing herewith application for reinstatement with a check for \$300.00 as per our telephone conversation with your department. The check covers the year 2002 and 2003.

Please note that we have a new address, and any communication should be sent to our new address.

Thank you for your cooperation in this matter.

Sincerely,

CHARAL CORPORATION



Luis Alfredo Jugo
President

LAJ/nm