

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

DEC 21 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000085145**

1. Corporation Name

**JAG RESTORATION AND CAULKING, INC.**

Principal Place of Business

Mailing Address

3789 NW 46TH STREET  
MIAMI FL 33142

3789 NW 46TH STREET  
MIAMI FL 33142



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

09/24/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

522193209

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GUTTENTAG, DAVID R	3789 NW 46TH STREET	MIAMI FL 33142
D	ROMAN, PETER EDWARD JR	3789 NW 46TH STREET	MIAMI FL 33142
			0000003514520--8 -12/27/00--01069--022 ****750.00 ****750.00

REINSTATEMENT 00 1 TS

8. Name and Address of Current Registered Agent

RODRIGUEZ, JOSEPH  
777 BRICKELL AVENUE SUITE 950  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name JOSE A. RODRIGUEZ  
Street Address (P.O. Box Number is Not Acceptable)  
150 ALHAMBRA CIRCLE  
Suite, Apt. #, Etc.  
SUITE 1270  
City CORAL GABLES State FL Zip Code 33134

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 REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #