

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

FILED
96 DEC 11 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S81314**

1. Corporation Name
JORCA IMPORTS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8796 NW 100TH ST. MIAMI FL 33178 US | 8796 NW 100TH ST. MIAMI FL 33178 US |



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

REINSTATEMENT

| | | |
|--|--|---|
| 2. Now Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable | 4. Date Incorporated or Qualified To Do Business in Florida 09/19/1991 |
| Suite, Apt. #, etc. B30 W 84 ST. | Suite, Apt. #, etc. B30 WEST 84 ST | 5. FEI Number 65-0289435 |
| City & State HIALEAH, FL | City & State HIALEAH FL | Applied For Not Applicable |
| Zip 33014 | Country USA | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|--|
| DP | CACHON, JORGE | 388 WEST 21ST ST. B30 W 84 ST | HIALEAH FL HIALEAH FL 33014 |
| | | | 200002027832--9 12/12/96 01095 817 ****383.75 ****383.75 |
| | | | JB 12-11-96 |

| | |
|---|---|
| 8. Name and Address of Current Registered Agent CACHON, JORGE 388 WEST 21ST STREET HIALEAH FL 33010 | 9. Name and Address of New Registered Agent Name Jorge Cachon Street Address (P.O. Box Number is Not Acceptable) B30 W 84 ST Suite, Apt. #, Etc. City HIALEAH State FL Zip Code 33014 |
|---|---|

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: **12-9-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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]* **Jorge E. Cachon, President** Date: **12-5-96** Daytime Phone #: **305-556-4515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR