

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP -5 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 8 L L 7 8

1. Corporation Name

OS J MANAGEMENT & DEVELOPMENT INC

2. Principal Office Address

2235 NW 5 Ave

Suite, Apt. #, etc.

100

City & State

MIAMI FL.

Zip

33127

Country

US

3. Mailing Office Address

8001 SW 97 TERR.

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33156

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10.11.1991

5. FEI Number

65-0300748

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

MR John Little

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

3000 BISCAYNE Blvd.

Suite, Apt. #, Etc.

500

City

MIAMI

State

FL

Zip Code

33137

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

[Signature]

Date

9-1-00

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>William Rio's</u>	<u>2235 NW 5 Ave.</u>	<u>MIAMI FL 33127</u>
<u>V</u>	<u>GAMALIEL RIVERA</u>	<u>3601 FEDERAL HWY</u>	<u>MIAMI FL 33137</u>
<u>T</u>	<u>NILSA M VELAZQUEZ</u>	<u>3630 NE 1 CT.</u>	<u>MIAMI FL 33137</u>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

August 31, 2000 305 274 0992

Daytime Phone #

CR2E081 (9/99)