

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **S86678**

1. Corporation Name

OSJ MANAGEMENT & DEVELOPMENT INC.

Principal Place of Business

Mailing Address

2235 NW 5 AVE
100
MIAMI FL 33137
US

8001 SW 97 TERR.
MIAMI FL 33156

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. 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 3	City / State / Zip 4
P	RIOS, WILLIAM	2235 NW S AVE	MIAMI FL 33137
T	VELAZQUEZ, NILSA	3630 NE 1 COURT	MIAMI FL 33137
V	RIVERA, GAMALIEL	3601 FEDERAL HWY.	MIAMI FL 33137

900004719179--7

-12/11/01--01075--007

****750.00 ****750.00

12/11

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LITTLE, JOHN MR
3000 BISCAYNE BLVD.
SUITE 500
MIAMI FL 33137

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

John M. Little
REGISTERED AGENT MUST SIGN

Date 11-29-01

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:

William Rios
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-274-0942

Date

11-26-01

Daytime Phone #

CR2E040 (8/01)