

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # V21349

Corporation Name

SURF JUNGLE INC.
782 N.W. LeJeune Road - Suite 548
Miami, Florida 33126

Principal Place of Business

Mailing Address

Same as above

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

March 16, 1992

5. FEI Number

59-3132443

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee for Certificate of Status

7. Names and Street Address 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
DIR		782 NW LeJeune Rd.	
PST	RODRIGO, Marta	Suite 548	MIAMI, FL.

3000002334333-6
-10/30/97--01100--004
***1410.00 ***1410.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOSE M. MARQUEZ, ESQ.
780 N.W. LeJeune Road
Suite 400
Miami, Florida 33126

Name

JOSE M. MARQUEZ, ESQ.

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

782 N.W. LeJeune Road

Suite, Apt. #, Etc.

Suite 548

City

Miami

State / Zip Code

FL 33126

10. 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

Jose M. Marquez

Jose M. Marquez

Date October 24, 1997

REGISTERED AGENT MUST SIGN

11 If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(h) in the event that the information supplied is deemed exempt from public access. 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., and that all taxes owed by the corporation have been paid. 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:

Marta Rodrigo

President

10/24/97

(305)
447-1160

TYPE, PRINT AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR