

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 APR 23 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V48328

1. Corporation Name

JORGE E. ISERN, INC.

000102359680
05/15/07--01001--006 **1958.75

2. Principal Office Address - No P.O. Box #

8230 SW 43 Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

8230 SW 43 Terrace

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33155

Country

USA

Zip

33155

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07/07/1992

5. FEI Number

65-0374294

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

JORGE E. ISERN

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

8230 SW 43 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 04/17/2007

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
PD	ISERN, JORGE E.	8230 SW 43 Terrace	Miami, FL 33155
T	TAMAYO, MAGGIE J.	9401 SW 55 Street	Miami, FL 33165
S	ISERN, MAGALY	8230 SW 43 Terrace	Miami, FL 33155
VP	SANTIAGO, MEDELEINE I.	14474 SW 56 Terrace	Miami, FL 33183
REINSTATEMENT 99-07 04/26/07			

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 contained in Chapter 119, 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:

Jorge E. Isern -Pres.

04/17/2007 305-551-1450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #