

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

96 NOV -4 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 612130

1. Corporation Name
JORME CORPORATION

Mailing Address
2600-Douglas-Road
Suite-501-
Coral-Gables,-FL-33134

Principal Place of Business
351 NW LeJeune Road
Miami, FL 33134

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

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable
351 NW LeJeune Road

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
59-1948443

Applied For
Not Applicable

City & State
Miami, FL

City & State

Zip
33134

Country
USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Sanchez-Medina, Rolando	351 NW LeJeune Road	Miami, FL 33134
STD	Nin, Frederick L.	351 NW LeJeune Road	Miami, FL 33134

500002000255--1
-11/08/96--01041--024
\$375.00 \$375.00

[Handwritten Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Ana Celia Harris, Esq.
Carrasco & Murray, P.A.
2600-Douglas-Road, Suite-501-
Coral-Gables,-FL--33134

ANA C. HARRIS, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
Mishan, Sloto & Greenberg, P.A.
200 S. Biscayne Blvd., Suite 2350
City Miami, State FL Zip Code 33131

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 *[Handwritten Signature]*

Date October 23, 1996

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 fees 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: *[Handwritten Signature]* Frederick Nin

Date Daytime Phone #

CLERK REVIEW