

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND FILED

98 DEC -7 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION FOR REINSTATEMENT**



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

DOCUMENT # **F96000005639**

1. Corporation Name  
**JUNIOR MANUFACTURER CO. INC.**

Principal Place of Business 1096 BROADWAY BROOKLYN NY 11221	Mailing Address 1096 BROADWAY BROOKLYN NY 11221
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**REINSTATEMENT 98**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/30/1996	
City & State		City & State		5. FEI Number	
Zip		Country		11-3321771	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
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
CP	RAMOS, RICARDO	1096 BROADWAY	BROOKLYN NY 11221

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
AGNELLO, DOMINICK 2345 2ND ST. UNIT 5 FT. MYERS FL 33901		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> 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: *Dominick Agnello* **NOT REQUIRED** Date: \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: *Ricardo Ramos* **NOT REQUIRED** Date: 12/3/98 (78) 455-1200 Daytime Phone #

CR2E040 (9/96)