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PLEASE READ A	ALL INSTRUCTIONS	BEFORE COMPLE	TING THIS FORM.	the transfer of the same	
		NT P STATE		•	
APPLICATION		rt am			
FOR -	Secretary of				
	B 88"	ATIONS			
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DOCUMENT # 1'1	0 3 1 1 0		00.000 = 444 =		
1. Corporation Name JMR エーナビ	enotional In	اح.	98 DEC -7 AM 9	÷ 50	
	-		orana veces are se	et a tearrie	
			SECRETARY OF ST TALLAHASSEE, FLO	AIE	
<u> </u>	Mailing Address		IMLLAHAGGEE, FL	JKIUA	
Principal Place of Business	,				
8th First Street	-				
Miami Beach, Florida 33139					
,			4000027096144 -12/11/9801002014		
		1	-12/11/38Ul	UU2014	
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, if Applicable			****150.00	****15U.UU	
	Office Address, If Applicable 3. New Mailing Office Address, If Applicable		orporated or Qualified usiness in Florida		
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
Oit a Chair	0.10	5, FEI Num	nber .	Applied For	
City & State Miani Beach Fu.	City & State	65-0	0107113	Not Applicable	
Zip Country	Zip Count	ry 6.		ditional Fee required	
33135 USA		OERTIFIC	for a Co	ertificate of Status	
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corpor	ations must list at least 3 directors)			
Title(s) Name of Officers and/or Directors		reet Address of Each fficer and/or Director	City / State / Z	in	
1 2	3 (Do NOT U	se Post Office Box Numbers)	4		
			h. (2)	ł	
- MAXIMO TAMOS	868 Com	nerce Street.	Mani Deach F	-C. 33139	
S Maxino Bands	868 Co.	nmerce Street	+ Migni Dogoda f	7.33130	
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		10/19/19	L + 117	Ì	
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		,			
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent					
MAXINO KAMOS	-	Name	-	(86/	
Bu-Ti Addison D O D. Allertina VIII					
Street Address (P.O. Box Number is Not Acceptable)					
Micros Doch Fracida 33136 Suite, Apt. #, Etc.					
City State Zip Code					
		0y	FL	20de	
10. I, being appointed the registered agent of the above	e named corporation, am familiar w	ith and accept the obligations of \$6			
Signature of	9		C		
Registered Agent Date 11-20-9 P					
	·				
11. This corporation owes or has paid the current year (See other side for information					
Intangible Personal Property	tax due June 30.	Yes 🗗 No L	on intangible to	ix.)	
	V		=		
12. I certify that Lamen 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 filling 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.					
ort ting abhilication to magain accurate, and thy signature sites have the same regarenect as it made under oath.					
CIGNATURE: X 9 1 1 20 5 0 0 0000					
SIGNATURE: 1-20-98 305-785-8289 Unature and typed or printed name of signing officer or director Date Date Date Date					

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Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL.,32314

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Dear Mr. Tairon,

A Same Killy

Like I explained to you over the phone, in February of this year I communicated to the Department of State of the address change of JMR International, Inc. Since I noticed that I had not received the annual report when I was supposed to, I proceeded to call The Department of State and when instructed to, I left a clear message on the recording, indicating my new address. I never received anything through the mail. I later proceeded in calling you. At this time I am receiving the papers.

Enclosed, as directed by you, you will find the filled out report together with a check for \$150.00.

I thank you beforehand for your prompt and excellent service you are giving me at the Department of State.

Maximo Ramos

Sincerely,

JMR International, Inc.