

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 JAN -2 AM 9:08

DOCUMENT # 02000037123

1. Corporation Name

JC FLOWERS, CORP.

REINSTATEMENT

04-06

2. Principal Office Address

8253 SW 40TH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

6910 N.W. 50TH ST.

Suite, Apt. #, etc.

SUITE 6782

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33155

Country

USA

Zip

33166

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

4/4/02

5. FEI Number

04-3347941

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

JUAN CARLOS CASTRILLON

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

6910 N.W. 50TH STREET

Suite, Apt. #, Etc.

SUITE 6782

City

MIAMI

State

FL

Zip Code

33166

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

Date

12/26/06

REGISTERED AGENT MUST SIGN

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	JUAN C. CASTRILLON	6910 N.W. 50TH ST. SUITE 6782	MIAMI, FL 33166
VD	HILTON M. CASTRILLON	6910 N.W. 50TH ST. SUITE 6782	MIAMI, FL 33166
VD	ALEXANDRA BEIANCUR	6910 N.W. 50TH ST. SUITE 6782	MIAMI, FL 33166

01/02/07--01049--001 **450.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/06 786-470-7830

Date

Daytime Phone #

242

Fajardo & Associates, LLC
8780 SW 3rd Lane
Miami, Florida 33174
Phone: 305-553-0730
Fax: 305-675-6466

December 26, 2006

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

RE: Reinstatement of J.C. Flowers Corp.

Dear Sir or Madam:

This is to inform you that J.C. Flowers Corp. did not receive the annual report notices in the year of dissolution/revocation due to the fact that they have a new address. Accordingly, I am enclosing completed corporation reinstatement form and check in the amount of \$450.00. The check covers Annual Report Fees and Corporate Supplemental Fees for years 2004, 2005, & 2006.

If you have any question, please do not hesitate to contact me.

Sincerely,

D. Ruben Fajardo Jr. CPA.
D. Ruben Fajardo Jr. CPA