

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1302

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 28 AM 11:19

DOCUMENT # P04000168342

1. Corporation Name

MEXJ REMODELING INC

2. Principal Office Address

12525 NE 13 AV

3. Mailing Office Address

12525 NE 13 AV

Suite, Apt. #, etc.
310

Suite, Apt. #, etc.
310

City & State
North Miami Beach

City & State
North Miami Beach

Zip
33161

Country
US

Zip
33161

Country
US

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

20-2008678

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
MFR & ASSOCIATES, LLC

Street Address (P.O. Box Number is Not Acceptable)
220 71 Street

Suite, Apt. #, Etc.
Ste, 209

City
Miami Beach

State
FL

Zip Code
33141

400080232814

09/27/06--01059--011 **200.00

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

X *[Signature]*

REGISTERED AGENT MUST SIGN

Date

9/25/06

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
P	BROWN ALEJANDRO	12525 NE 13 Av # 310	Miami Beach FL 33161
VP	CORBELLINI JAVIER	12525 NE 13 Av # 310	Miami Beach FL 33161

REINSTATEMENT

05-06

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

Date

Daytime Phone #

9/25/06

NATP MEMBER

MFR & Associates

AICPA MEMBER

Accountants & Consultants

220 71st Street Suite 209

Miami Beach, FL 33141

Off (305) 864-7706

Fax (305) 864-7960

282

September 21, 2006

FL Dept. of State
FL Div. of Corp.

Ref: Mexj Remodeling Inc
Doc.# P04000168342

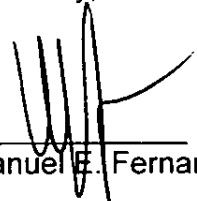
Dear Sir or Madam:

I am writing to you on behalf of MEXJ REMODELING INC to request a waiver of penalties associated with the reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State.

Enclosed please find a copy of the form for the year 2005 & 2006, we obtained from the internet and a check for \$ 300.00. The company has made a good faith effort to meet the state's filing requirements.

I thank you in advance for your help and understanding to this matter.

Sincerely,



Manuel E. Fernandez