PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2021 JUL 26 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000004857

1. Corporation Name

JAB Group Inc

Reinstatement 2019-2021

04/29/21--01020--013 **1093.75

200365244272
04/29/21--01020--013 **1093.75

Ch25061 (11/10)

2. Principal Office Address : No P.O. Box #	3. Mailing Office Address
9385 SW 21 Street	Same
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Miami FL	City & State Same
Zip 33165 Country USA	Zip Same Country Same

4. Date Incorporated or Qualified To Do Business in Florida 01/11/2007

5. FEI Number 20-8357091 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ($5.00 Additional Fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Michael Torres

Street Address (P.O. Box Number is Not Acceptable): 9320 SW 82 Street

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33173

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: [signature] (REGISTERED AGENT MUST SIGN) Date: 4/22/21

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	Jose Bottoques	9385 SW 21 St.	Miami, FL 33165

10. E-mail Address: CROMERO@EQUIPSI.COM (To be used for future annual report notification)

11. I certify that I am an officer or director of the reorganized or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that with 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. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 4/22/21 (305) 479-6990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AJR 7/27/21