

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 APR 16 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

01-02

DOCUMENT # P9900008006Z

1. Corporation Name

JJ SERVICE ENTERPRISES, INC.

2. Principal Office Address

2347 SW 138 CT.

3. Mailing Office Address

SAME.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33175

Country

USA.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

SEP - 9 - 99

5. FEI Number

650947138

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOAN C. SAINZ

200005449882 -- 7

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

2347 SW 138 CT.

~~05/03/02~~ ~~01052~~ ~~024~~

\*\*\*\*908.75 \*\*\*\*908.75

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

*Joan C. Sainz*  
REGISTERED AGENT MUST SIGN

Date

4/15/02

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	JOAN C. SAINZ	2347 SW 138 CT	MIAMI FL, 33175
UP	OLGA SIMON	13821 SW 24 ST.	MIAMI FL, 33175.

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 under section 119.07(3)(l), 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:

*Joan C. Sainz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/02

Daytime Phone #

(305) 216 9039

B