



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P00000026471			
<b>1. Corporation Name</b> JOFUMA, INC.			
<b>2. Principal Office Address</b> 1390 Brickell Avenue		<b>3. Mailing Office Address</b> 1390 Brickell Avenue	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country US	Zip 33131	Country US
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 03/14/2000	
		<b>5. FEI Number</b> 65-0992920	<b>Applied For</b> Not Applicable
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>			
Name Alvaro Castillo B., P.A.			
Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue			
Suite, Apt. #, Etc. Suite 200			
City Miami		State FL	Zip Code 33131


  

<b>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.</b>	
Signature of Registered Agent 	Date 7-25-05
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Monica Funtanet	1390 Brickell Avenue, Suite 200	Miami, FL 33131
D/T	Marta Funtanet	1390 Brickell Avenue, Suite 200	Miami, FL 33131
S	Alvaro Castillo	1390 Brickell Avenue, Suite 200	Miami, FL 33131

<b>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)(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.</b>			
<b>SIGNATURE:</b> 		Date 7-25-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 305 321-8840	

FILED  
05 JUL 29 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 02.25

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