

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 661841

1. Corporation Name

J.M. ECONO-PRINT INC

REINSTATEMENT 03

800024449358
11/05/03--01046--005 **150.00

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

April 15, 1980

5. FEI Number

Applied For

59-1988017

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 Flores

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

3164 NW 72nd Ave.

Suite, Apt. #, Etc.

Miami, FL.

City

State

FL

Zip Code

33122

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

REGISTERED AGENT MUST SIGN

Date 11-1-03

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

Owner Juan Flores 3164 NW 72nd Ave. Miami, FL. 33122

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-03

Date

(305) 591-3620

Daytime Phone #

CR2E081 (10/02)

661841



Printing & Advertising

3164 N.W. 72nd Avenue • Miami, Florida 33122 • Tel.: (305) 591-3620 • Fax: (305) 477-2306
E-mail: sales@jmecono.com

October 13, 2003

I am requesting that you
waive the reinstatement fee. I
did not receive the two prior
uniform business reports (UBR)
notices. Enclosed is the application
for reinstatement and the appropriate
UBR Filing fee.

Thank you,


John Flores