

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **684336**

1. Corporation Name

J & D INC. OF MIAMI

2. Principal Office Address
1220 16TH STREET

3. Mailing Office Address
1220 16TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI BEACH

City & State
MIAMI BEACH

Zip Country
33139 USA

Zip Country
33139 USA

REINSTATEMENT

8-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
592022701

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
FUCHS, ARYEH

Street Address (P.O. Box Number is Not Acceptable)
1602 ALTON RD

Suite, Apt. #, Etc.
#70

City
MIAMI BEACH

State Zip Code
FL 33139

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 **11/7/2002**

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
VP	FUCHS, ARYEH	1602 ALTON ROAD #70	MIAMI BEACH, FL 33139
PD	SCHWADRON, JEFF	2101 N.E. 211TH TERR	N MIAMI BCH FL

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

8/6/02 **305 673 2917**
Date Daytime Phone #

CR2E081 (9/01)