

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 17 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

01-02

DOCUMENT #

1. Corporation Name

L 32777

J.P. ADVISORS, INC

2. Principal Office Address

600 NW 35th AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

MAIN FLOOR #100

Suite, Apt. #, etc.

#100

City & State

Miami FL

City & State

Zip

Country

33125

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

YES

5. FEI Number

65-0167501

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

PAOREDA JEANETTE L.

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

8700 SW 86 COURT

900008708099

10/31/02--01002--011 \*\*900.00

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

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

10/16/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PRES.  | PAOREDA JEANETTE L.                  | 8700 SW 86 CT                                     | Miami FL 33143     |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/02

Daytime Phone #

305-642-0012

CR2E001 (9/01)