

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 SEP 19 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M07054**

1996 AR

1. Corporation Name

J.M. SERVICES NO. ONE INC.

Principal Place of Business

**6700 S.W. 21 ST.
MIAMI FL 33155**

Mailing Address

**6700 S.W. 21 ST.
MIAMI FL 33155**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2538268

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	INFANTE, JOSE M., JR.	3225 BIRD AVE	MIAMI FL
			600001952456
			-09/20/96--01021--003
			****225.00 ****225.00

8. Name and Address of Current Registered Agent

**INFANTE, JOSE M., JR.
6700 S.W. 21ST ST.
MIAMI FL 33155**

9. Name and Address of New Registered Agent

Name **Carlos Triay, Esq.**
Street Address (P.O. Box Number is Not Acceptable) **999 Ponce de Leon Blvd Suite 1110**
Suite, Apt. #, Etc. **Coral Gables**
City **Coral Gables** State **FL** Zip Code **33134**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/16/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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] **JOSE INFANTE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/96

Date

305-266-9616
Daytime Phone #

CR2E040 (7/96)