

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 15 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M43510

1. Corporation Name

JAY INVESTMENTS, INC.

2. Principal Office Address

8550 West Flagler Street

3. Mailing Office Address

8550 West Flagler Street

Suite, Apt. #, etc.

Suite #119

Suite, Apt. #, etc.

Suite #119

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33144

Country

U.S.

Zip

33144

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

FEI No. 592755552

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

HERNANDEZ ASSOCIATES, (C/O VIVIAN HERNANDEZ)

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

8550 WEST FLAGLER STREET

Suite, Apt. #, Etc.

SUITE #119

City

MIAMI, FLORIDA

State

FL

Zip Code

33144

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

- VIVIAN HERNANDEZ

Date MARCH 28th., 2003

REGISTERED AGENT MUST SIGN

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
DPTS	CARLOS YAMIN	8550 West Flagler ST., #119	Miami, Florida 33144

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:

CARLOS YAMIN, SOLE OFFICER & DIRECTOR 3/28/03 (3052292686)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)