

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -5 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 800000039965

1. Corporation Name

Jolex Pharmaceuticals, Inc.

2. Principal Office Address

7445 S.W. 72 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33143

Country

usa

3. Mailing Office Address

7445 S.W. 72 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33143

Country

usa

4. Date Incorporated or Qualified

To Do Business in Florida 4-17-2000

5. FEI Number

300031328

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

Peter Padron

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

7445 S.W. 72 Avenue

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33143

000029964450

03/05/04 01068 015 ***300.00

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]

Date 2-18-04

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
VP	Leticia Padron	7445 S.W. 72 Avenue	Miami, Florida 33143
Sec.	Leticia Padron	7445 S.W. 72 Avenue	Miami, Florida 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

2-16-04 305-661-7941

Date

Daytime Phone #

CR2E081 (01/04)

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Please accept this application and fee of \$300.00 for reinstatement of last year & this year. In March of 2002 I requested an address change, it did not go through. The check has the correct address, again.

Thanks,

Peter Padra