

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 11 PM 3:01

DOCUMENT # P00000069460

1. Corporation Name

JJH, INC.

2. Principal Office Address - No P.O. Box #

3721 NE 44th
Suite, Apt. #, etc. X

3. Mailing Office Address

3721 NE 44th
Suite, Apt. #, etc. SO

City & State

Ocala Fla

City & State

Ocala Fla

Zip

34479 Country MARION

Zip

34479 Country MARION

7. Name and Address of Current Registered Agent

Name

José AGUDELO

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

5829 SW 128 PL.

Suite, Apt. #, Etc.

Ocala FL

City

Ocala FL

State

FL

Zip Code

34473

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

5-8-09

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
<u>P</u>	<u>José AGUDELO</u>	<u>5829 SW 128 PL.</u>	<u>Ocala Fl. 34473</u>
<u>Y</u>	<u>JAIR ANSULO</u>	<u>448 SPRING LANE.</u>	<u>Ocala Fl. 34472</u>
<u>X</u>	<u>Hector Agudelo</u>	<u>5829 SW 128 PL.</u>	<u>Ocala Fl. 34473</u>

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 contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-09 622-1089
Date Daytime Phone #

700151801547

04/22/09--01021--028 **450.00

REINSTATEMENT 07-09 KS

4. Date Incorporated or Qualified To Do Business in Florida

2000

5. FEI Number

59-3667887

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.