

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED  
AND  
FILED

05 FEB 28 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P00000072150

**1. Corporation Name**

JSJ BROTHERS, INC.

**2. Principal Office Address**  
201 Alhambra Circle

**3. Mailing Office Address**  
201 Alhambra Circle

Suite, Apt. #, etc.  
Suite 711

Suite, Apt. #, etc.  
Suite 711

City & State  
Coral Gables, Florida

City & State  
Coral Gables, Florida

Zip Country  
33134 U.S.

Zip Country  
33134 U.S.

**4. Date Incorporated or Qualified  
To Do Business in Florida** 07/28/2000

**5. FEI Number**  
65-1072837

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  
James McGuirk

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

Suite, Apt. #, Etc.  
Suite 711

City  
Coral Gables

State Zip Code  
FL 33134

400048400684  
03/15/05--01013--004 \*\*1358.75

**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

REGISTERED AGENT MUST SIGN

Date

2/24/05

**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
DPST	James McGuirk	201 Alhambra Circle	Coral Gables, Florida 33134
DVP	Andrew Jason McGuirk	201 Alhambra Circle	Coral Gables, Florida 33134
AS	Jeffrey McGuirk	201 Alhambra Circle	Coral Gables, Florida 33134

**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:**

James McGuirk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-445-8771

Daytime Phone #

CR2E081 (01/05)