

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000081671

1. Entity Name  
J.M.V. TRADING CORP.



Principal Place of Business  
11634 N.W. 91 PLACE  
HIALEAH GARDENS, FL 33018

Mailing Address  
11634 N.W. 91 PLACE  
HIALEAH GARDENS, FL 33018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08022006

REIN-P

CR2E098 (11/05)

4. FEI Number  
65-1050443

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VERA, JOSE  
11634 N.W. 91 PLACE  
HIALEAH GARDENS, FL 33018

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
VERA, JOSE M  
11634 N.W. 91 PLACE  
HIALEAH GARDENS, FL 33018 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVD  
VERA, OLGA L  
11634 N.W. 91 PLACE  
HIALEAH GARDENS, FL 33018 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
10/10/05 01079 016 \$150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
10/10/05 01079 017 \$150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/06

Date

305 542 0572

Daytime Phone #

FILED

06 AUG -4 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



August 2, 2006

Ref: J.M.V. TRADING CORP.  
DOC. # P00000081671  
CORPORATION REINSTATEMENT

Florida Department of State

To Whom It May Concern:

Please, be advised that with this letter I'm mailing you the **2006 PROFIT CORPORATON REINSTATEMENT** form correctly signed. Also, I'm enclosing front and back copies of cashed checks for the total amount of \$300.00. These checks were cashed for the Department of State on Oct 2005. I would like to receive credit against the filling fees that I owe for this reinstatement. If after you apply the credit I owe you any additional fees, just let me know and I'll send you a check for any remaining balance.

Sincerely yours

  
Jose M Vera  
President