## PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM.

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APPLICATION  FOR  REINSTATEMENT  FLORIDA DEPART NT STAT  Kan led le Vair S  Set le division de Componentions					FILED			
DOCUMENT # P0000089272					OLOCT 22 AMII: 14			
1. Corporation Name					SEURETARY OF STATE TALLAHASSEE, FLORIDA			
C AND	J INTERNATIONA	AL, INC.				IALEAHAOOL	L. T LONIDA	
Principal Place of Business Maili			failing Address					
4846 North University Drive #286 Lauderhill Fl 33351			4846 NORTH UNIVERSITY DRIVE #286 LAUDERHILL FL 33351					
If above a	ddresses are incorrect in any wa	ay, line through incorrect in	formation and ente	r correction below.	,			
2. New Prin	ncipal Office Address, If Applica		New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     09/18/2000		
Suite, Apt.			Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State  Zip Country		City & State	Zip Country		6.	6. \$8.75 Additional Fee requires		
					J		a Certificate of Status	
7. Names a	7. Names and Street Addresses of Each Officer and/or Director (Floratile(s) Name of Officers and/or Directors			treet Address of Eac	:h	City / State / Zip		
<u>1</u>	LUCIO, JESUS FRIAS	123 N CONGRESS AVE #120			BOYNTON-BEACH FL 33426			
P/T/D	Jesus Fria	9073 NW 54th Street			Sunrise, fl	33351		
1/5	CLAUDIA E. HERRERA		9073 NW 54th St.			Sunrise, FI 33351		
					40	00046795 -11/15/0101 ****150.00	1002014	
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	8. Name and Address o	f Current Registered Age	ent		9. Name and	Address of New Registered A	gent	
Name Name					arme  Ireet Address (P.O. Box Number is Not Acceptable)			
								MIAMI BEACH FL 33139
				City		State FL	Zip Code	
10. I, being	appointed the registered agent	t of the above named corpo	oration, am familiar	with and accept the	obligations of Sect	tion 607.0505, F.S.		
	60 2 60	NA ASIANDENE	: 100 to 100 to	1210/2119				
Signature o Registered	f Agent うぜ(変	NATURE.  BEGISTERED AG			<del></del>	Date		

11. 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 filling 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 significant the same legal effect as if made under oath.

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

10/15/2001 95457641SS

Date Daytime Phone #

2012

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: C and J International, Inc.

Enclosed are the following:

- 1. Uniform Business Report for the company referenced above.
- 2. 150 check payable to Florida Department of State

It is our understanding that the state will waive the late filing fee (and reinstate the company if applicable) because we never received the Uniform Business Report that should have been mailed to us. Thank you.

Sincerely,

Name: Jesus Frias Title: President Date: 10/16/2001