

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR 12 AM 8:00

DOCUMENT # P00000101147

1. Corporation Name

J. Madera, Inc.

2. Principal Office Address

7951 SW 40<sup>th</sup> St.

Suite, Apt. #, etc.

206

City & State

Miami, FL

Zip

33155

Country

U.S.

3. Mailing Office Address

7951 SW 40<sup>th</sup> St.

Suite, Apt. #, etc.

206

City & State

Miami, FL

Zip

33155

Country

U.S.

REINSTATEMENT 03-04

4/30/03 90071 049 \*150.00  
4. Date incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1093510

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

Diaz, Osvaldo

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

7951 SW 40<sup>th</sup> street

Suite, Apt. #, Etc.

206

City

Miami

State

FL

Zip Code

33155

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

Date

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
PVST	Madera, Jaime	14333 SW 45 <sup>th</sup> Ter.	Miami, FL 33175
D	Madera, Jaime	14333 SW 45 <sup>th</sup> Ter.	Miami, FL 33175

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3.27.04

Daytime Phone #

305.261.6251

CR2E081 (01/04)

292

March 24th, 2004

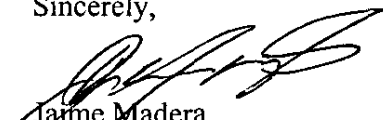
Florida Department of State  
Division of Corporation  
P.O. Box 1500  
Tallahassee, FL 32302-1500

J. Madera, Inc.  
14333 SW 45th Terrace  
Miami, FL 33175-6844  
Re: P00000101147  
EIN: 65-1093510

Dear Sir or Madam,

I am contacting your organization regarding my companies UBR status for the year 2003. When I went online to download the 2004 UBR I noticed that my company appeared inactive, when in fact I did send the UBR and payment for 2003 on a timely bases. Please bring my company up to date. Enclosed are copies of the check and UBR I sent in April. Furthermore, I am also including the form and payment for 2004.

Sincerely,



Jaime Madera  
President