

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 24 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000 101771*

1. Corporation Name

Julpres J. P., Inc.

300013034423
02/24/03--01066--014 **150.00

2. Principal Office Address

3. Mailing Office Address

20772 SW 127 CT

20772 SW 127 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33177

33177

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

05-1050821

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

Fara Jaramillo

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

20772 SW 127 CT

Suite, Apt. #, Etc.

City

Miami

State

Zip Code

FL

33177

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

Lara Jaramillo

Date

2/1/03

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
P	<i>Fara Jaramillo</i>	<i>20772 SW 127 CT</i>	<i>Miami, FL 33177</i>
VP	<i>Julio Jaramillo</i>	<i>20772 SW 127 CT</i>	<i>Miami, FL 33177</i>

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:

Lara Jaramillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date

2/1/03

Daytime Phone #

CR2E081 (10/02)

2/2/03

January 27, 2003

DIVISION OF CORPORATIONS
Reinstatement Dept.
P.O. Box 6327
Tallahassee, Fl. 32314

RE: JULPRES J.P., INC.
FEIN # 65-1050821

Mr. SEAN TONER

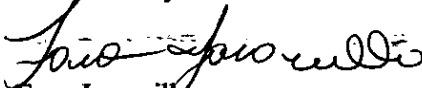
This is in regard to the above described Corporation My son went into the ARMY in the month of May also we cancelled the P.O. Box at that time. I guess that was the reason we never received your request, that you sent them back to us, due to lack of information, as you can see. The checks were cashed on time.

We are requesting to waive the penalty.

Hoping that you can authorize, and update this Corporation as soon as possible.

Thanks in anticipation for your cooperation.

Sincerely


Fara Jaramillo

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 100000101771

1. Entity Name

Jolpres J.P., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20772 SW 127 CT
Suite, Apt. #, etc.

3. Mailing Address

20772 SW 127 CT
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FE Number

65-1050821

Applied For

Not Applicable

Zip

33177

Country

Zip

33177

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Fara Jaramillo

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

20772 SW 127 CT

City

Miami

FL

Zip Code

33177

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.

SIGNATURE

Fara Jaramillo

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

(NOTE: Registered Agent signature required when reinstating)

2/4/03

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE President
NAME Fara Jaramillo
STREET ADDRESS 20772 SW 127 CT
CITY - ST - ZIP Miami, FL 33177

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Vicepresident
NAME Julio Jaramillo
STREET ADDRESS 20772 SW 127 CT
CITY - ST - ZIP Miami, FL 33177

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Fara Jaramillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03

Date

Daytime Phone: #

CR2E034B (12/01)

2/25