

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 28 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000105620

1. Corporation Name

John J Enterprise, Inc.

2. Principal Office Address

8325 N.E. 2nd Avenue

Suite, Apt. #, etc.

City & State

Miami, FL 33138

Zip

Country
USA

3. Mailing Office Address

8325 N.E. 2nd Avenue

Suite, Apt. #, etc.

City & State

Miami, FL 33138

Zip

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/13/00

5. FEI Number

☒ 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

Philippe DeRose

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

8325 N.E. 2nd Avenue

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33138

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

Philippe DeRose

REGISTERED AGENT MUST SIGN

Date 1/26/02

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
D	Philippe DeRose	8325 N.E. 2nd Avenue	Miami, FL 33138
D	Jonas Duverne	10011 Periwinkle Street	Miramar, FL 33025

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)(f), 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:

Philippe DeRose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Philippe DeRose

1/26/02

Date

305-582-3246

Daytime Phone #

CR2E081 (9/01)

292

January 25, 2002

To Whom It May Concern:

Please be advised, that I, Philippe Deroose, President of John J. Enterprises, Inc., did not receive my 2001 Uniform Business Report due to a change of address.

Please reinstate the Corporation for me without any penalties.

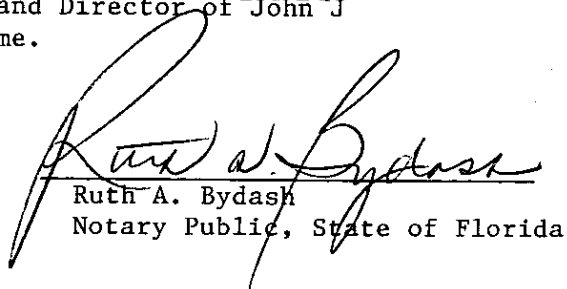
Thank you

With my most sincere thanks,


Philippe Deroose

STATE OF FLORIDA]
COUNTY OF MIAMI-DADE [

The foregoing instrument was acknowledged before me this 26th day of January, 2002, by Philippe DeRose, President and Director of John J. Enterprise, Inc., who is personally known to me.


Ruth A. Bydash
Notary Public, State of Florida

My Commission Expires:

