

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG -5 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701000010528

1. Corporation Name
JLC & T, INC.

REINSTATEMENT 02-05

2. Principal Office Address

14400 NW 77 Court
Suite, Apt. #, etc.
101

City & State

Miami Lakes

Zip Country
33016 USA

3. Mailing Office Address

14400 NW 77 Court
Suite, Apt. #, etc.
101

City & State

Miami Lakes

Zip Country
33016 USA

4. Date Incorporated or Qualified
To Do Business in Florida 1/29/2001

5. FEI Number ☒ Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Robert Flavell

Street Address (P.O. Box Number is Not Acceptable)
14400 NW 77th Court

Suite, Apt. #, Etc.
Suite 101

City
Miami Lakes

State Zip Code
FL 33016

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent [Signature]
REGISTERED AGENT MUST SIGN

Date 8/03/05

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	PEREZ, BRAULIO	14400 NW 77 Court	Miami Lakes, FL 33016

700058631737
08/15/05--01006--001 **\$600.00

700058631737
08/15/05--01006--002 **\$8.75

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]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/03/05 305-362-9010

Date Daytime Phone #

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

Re: JLC & T, INC.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 600 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2002, 2003, 2004, 2005

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 

Name: Braulio Perez

Title: Director

Date: 8/03/05