

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 SEP 16 AM 9:31

DOCUMENT # P01000025294

1. Corporation Name

Jamel Investment Inc.

2. Principal Office Address - No P.O. Box #

12750 SW 188 Street

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33177

Country

Miami Dade

3. Mailing Office Address

12750 SW 188 Street

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33177

Country

Miami Dade

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/2011

5. FET Number

65-1082053

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

Manuel E. Figueredo

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

12750 SW 188 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33177

500277150805
05/15/14--01031--008 **750.00

500277150805
09/16/15--01025--001 **150.00

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

Manuel E. Figueredo

REGISTERED AGENT MUST SIGN

Date 09/10/2015

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	Manuel E. Figueredo	12750 SW 188 Street	Miami FL 33177

REINSTATEMENT

SEP 16 2015

R. HUNT

10. E-mail Address: CAMILD-L@MSN.COM.

(To be used for future annual report notification)

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 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Manuel E. Figueredo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/10/2015

3055253111

Date

Daytime Phone #