

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

JAMEL INVESTMENT, INC
12790 SW 188 Street
Miami, Florida 33177

2. Principal Office Address

12800 SW 188 Street

Suite, Apt. #, etc.

City & State

Miami, Florida 33

Zip

33177

Country

USA

3. Mailing Office Address

12800 SW 188 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33177

Country

USA

FILED

03 MAR -3 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300011993783
03/06/03--01050--028 **8.75

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

3/12/01

5. FEI Number

651082053

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

BERNARDO CAMPUZANO

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

12800 SW 188 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 2/21/03

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
PSD	BERNARDO CAMPUZANO	12800 SW 188 STREET	MIAMI, FL 33177
VTD	MANUEL FIGUEROA	11861 SW 205 STREET	MIAMI, FL 33177

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03

Date

(305) 970-5041

Daytime Phone #

CR2E081 (10/02)