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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SEC... STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000026048

1. Corporation Name

J + R ASSOCIATES INT'L, INC.

REINSTATEMENT 02-05

2. Principal Office Address	3. Mailing Office Address
3860 S.W. 130 AVE	3860 S.W. 130 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIAMI, FLORIDA	City & State: HIAMI, FLORIDA
Zip: 33175 Country: US	Zip: 33175 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 03-13-2001

5. FEI Number: ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: JUAN J. DE LA PEÑA

Street Address (P.O. Box Number is Not Acceptable): 3860 SW 130 AVE

Suite, Apt. #, Etc.:

City: HIAMI State: FL Zip Code: 33175

8. I, being appointed the registered agent of the above stated corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 08-1-05

REGISTERED AGENT MUST SIGN

CR2E055 (01/05)

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
PTD	JUAN J. DE LA PEÑA	3860 SW 130 AVE	HIAMI, FL 33175

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 officers 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 will have the same legal effect as if made under oath.

SIGNATURE: _____ 08-1-05 786-488-9141

SIGNATURE AND TITLE OF PERSON FILING REINSTATEMENT OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations

Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

J & R ASSOCIATES INT'L, INC.

Certificate of Status	0
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