

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 10 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000046806**

1. Corporation Name

JAG-1 ENTERPRISES, INC.

2. Principal Office Address

4714 SW 74 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33155

Country

USA

3. Mailing Office Address

P O Box 55-7383

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33255-7383

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 2001

5. FEL Number

65-1105736

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

LAUREN FLETCHER-GARCIA

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

4714 SW 74 AVENUE

12/30/02--01060--020

****50.00**

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

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

Lauren Fletcher Garcia
REGISTERED AGENT MUST SIGN

Date

11/08/02

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
P/T	LAUREN FLETCHER-GARCIA	4714 SW 74 AVENUE	MIAMI FL 33155
VP/ S	RACHEL BORDALLO	4714 SW 74 AVENUE	MIAMI FL 33155

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:

Lauren Fletcher Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/08/02

Daytime Phone #

(313)

247-5586