

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 25 PM 2:14

DOCUMENT # PO1000049500

1. Corporation Name

JMP ACCOUNTING SERVICES INC

800065076468
02/02/06--01020--016 **600.00

REINSTATEMENT 03-06
CR2E081 (12/05)

2. Principal Office Address

10111 SW 7TH STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip
33174

Country
U.S

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **05/28/2001**

5. FEI Number

650863824

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

AGUEDA N MOLINA

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

10111 SW 7TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33174

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

Agueda N Molina

REGISTERED AGENT MUST SIGN

Date **01/24/2006**

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 | AGUEDA N MOLINA | 10111 SW 7TH STREET | MIAMI, FLORIDA 33174 |
| | | | |
| | | | |
| | | | |
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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 contained in Chapter 119, 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:

Agueda N Molina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/2006

Date

7862951234

Daytime Phone #

2 of 2

*Jmp Accounting Services Inc
10111 SW 7th Street
Miami, Florida 33174
Ph: (786) 295-1234
E-mail: jmpaccountingsrv@bellsouth.net*

January 24, 2006

Ref: Jmp Accounting Service Inc.
Doc # P 01000049500

To Whom It May Concern:

I the undersigned Agueda N Molina president for Jmp Accounting Services Inc
Request.

That the above mention corporation be reinstated for the reason that , we have re located
since 2003 and have not received the annual report.
Along with this letter is a check for the amount of \$ 600.00 to bring the corporation up to
date.

If you need any further assistance , please do not hesitate to contact
me.

Sincerely,


Agueda N Molina