

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 10 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000054372

1. Corporation Name

J.FECU, INC.

2. Principal Office Address

876 NE 125 ST

Suite, Apt. #, etc.

3. Mailing Office Address

876 NE 125 ST

Suite, Apt. #, etc.

City & State

N.MIAMI, FL

City & State

N.MIAMI, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

000013727390

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

6/1/2001

5. FEI Number

65-1118136

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

MARIE J. FECU

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

14615 NE 5 CT

Suite, Apt. #, Etc.

City

N.MIAMI

State

FL

Zip Code

33161

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

Date

REGISTERED AGENT MUST SIGN

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
D	MARIE J. FECU	14615 NE 5 CT	N.MIAMI FL 33161
D	PETROVINA J. PHILIDOR	14615 NE 5 CT	N.MIAMI FL 33161
D	ANTONINE J. PHILIDOR JR.	14615 NE 5 CT	N.MIAMI FL 33161

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

Date

March 7, 2003

Daytime Phone #

(305) 895-9570

(305) 947-9881

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