

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JUN -1 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000058999

1. Corporation Name

J.A.B. Mexico, Inc.

2. Principal Office Address

1111 Brickell Ave.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

11 th Floor

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33131

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-13-2001

5. FEI Number

59-3741080

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

Jefferson A. Bootes

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

450 Killarney Bay Ct.

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

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

May 31, 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
Pres.	Jefferson A. Bootes	450 Killarney Bay Ct.	Winter Park, FL 32789
VP	Cheryl Hardy	2244 King James Ct.	Winter Park, FL 32792
Sec/Tres.	Deborah Pughe	250 Shadow Bay blvd.	Longwood, FL 32779

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 31, 2006 407/923-3444

202

J.A.B. MEXICO, INC.

May 31, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

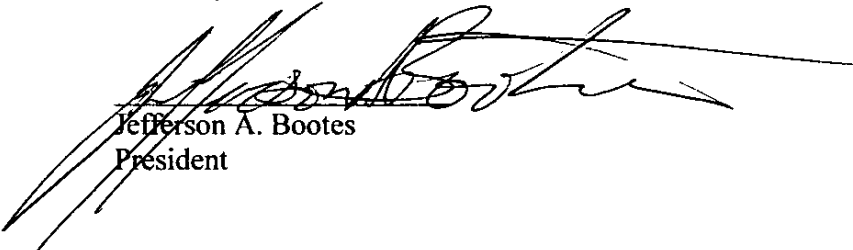
Dear Sir/Madam,

We are writing to ask for an exemption to the reinstatement fee as per your website. The company has not gotten it's yearly notice of filing since 2002.

We have enclosed a check for the amount of \$750 as payment for each year we are currently in arrears.

Thank you for your help in this matter.

Sincerely,



Jefferson A. Bootes
President