

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR -7 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000063417

1. Corporation Name

J&G INSTALLATIONS, CORP.

2. Principal Office Address
15721 NW 45 AVE.

Suite, Apt. #, etc.

City & State
OPA LOCKA, FL

Zip
33054

Country
US

3. Mailing Office Address
15721 NW 45 AVE.

Suite, Apt. #, etc.

City & State
OPA LOCKA, FL

Zip
33054

Country
US

REINSTATEMENT 02-04

300031837353
04/05/04--01056--D14 **450.00

**4. Date Incorporated or Qualified
To Do Business in Florida** 06/26/2001

5. FEI Number

9660138265

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
OSWALDO SANTANA

Street Address (P.O. Box Number is Not Acceptable)
15721 NW 45 AVE.

Suite, Apt. #, Etc.

City
OPA LOCKA

State
FL

Zip Code
33054

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**

[Signature]
REGISTERED AGENT MUST SIGN

Date 3/31/04

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.	OSWALDO L. SANTANA	15721 NW 45 AVE.	OPA LOCKA, FL 33054

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04

Date

305-623-7077

Daytime Phone #

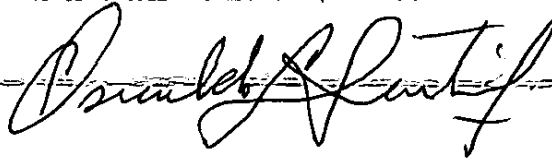
CR2E081 (01/04)

03/31/04

Florida Department of State

**On March 2002 we moved to 15721 NW 45 AVE, Miami
FL 33054 and therefore never received the Annual Report
Form. Enclosed you'll find a Corporation Reinstatement Form
and a check in the amount of \$450.00.**

Sincerely:

A handwritten signature in black ink, appearing to read "Donald A. Furtif", written over a horizontal line.