

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda F. Hoed
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 20 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000064197

1. Corporation Name

SHADE HOUSES BY JMG INC.

Principal Place of Business

18164 SW 153RD PLACE
MIAMI FL 33187

Mailing Address

18164 SW 153RD PLACE
MIAMI FL 33187

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
14535 SW 170 ST

Suite, Apt. #, etc.

City & State
Miami FL

Zip
33177

3. New Mailing Office Address, If Applicable
14535 SW 170 ST

Suite, Apt. #, etc.

City & State
Miami FL

Zip
33177

REINSTATEMENT 03-04



600030256516
05/20/04--01036--025 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/2001

5. FEI Number

65-1125650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 - Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GONZALEZ, JORGE M	18164 SW 153RD PLACE	MIAMI FL 33187

600030256516
03/11/04--01014--003 **600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, JORGE M
18164 SW 153RD PLACE
MIAMI FL 33187

Name

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

14535 SW 170 ST

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33177

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/1/04

11. 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

3/1/04

Daytime Phone #

CR2E040 (7/03)