

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 MAY -2 AM 9:02

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000069720

1. Corporation Name
M & M Jimenez

2. Principal Office Address
769 NW 12 Street

Suite, Apt. #, etc.

City & State
Homestead FL.

Zip 33030 Country Dade

3. Mailing Office Address
769 NW 12 Street

Suite, Apt. #, etc.

City & State
Homestead FL.

Zip 33030 Country Dade

200017871082
05/02/03--01032--018 ***300.00

4. Date Incorporated or Qualified
To Do Business in Florida 7.12.2001

5. FEI Number 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 Miguel Jimenez

Street Address (P.O. Box Number is Not Acceptable)
769 NW 12 Street

Suite, Apt. #, Etc.

City Homestead

State FL Zip Code 33030

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 Miguel Jimenez
REGISTERED AGENT MUST SIGN

Date 4.25.03

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
VD	MARIA A. Jimenez	769 NW 12 Street	Homestead FL. 33030

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: MARIA A Jimenez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (305) 247.1798.
Daytime Phone #

CR2E081 (11/02)

97 5/5



Department of state division of corporation

April 25, 2003

Dear: Reinstatement

~~Please reinstate my annual report, because they never sent me~~
any information on my report . It was because the address was
wrong on the report there were to address on the annual report.

Your Truly,

A handwritten signature in cursive script, appearing to read "Miguel Jimenez".

Miguel Jimenez
