

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000071376

1. Corporation Name

JOO'S Resp. Supplies, Inc

2. Principal Office Address

450 NW 32 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33125

Country

E.U.A

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/2001

5. FEI Number

65-11-22-827

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alexis Lopez

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

450 NW 32 AVE Miami FL 33125

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33125

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

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
P	Leandro Vazquez	990 W 32 St	Miami FL 33012
STD	Alexis Lopez	450 NW 32 AVE MIAMI	Miami FL 33125

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

Date

Daytime Phone #

[Signature]

CR2E081 (10/02)