

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 28 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000075139

1. Corporation Name

JEPS INVEST & TRADE CORP.

2. Principal Office Address

21150 POINT PLACE

Suite, Apt. #, etc.

2405

City & State

AVENTURA FLORIDA

Zip

33180

Country

USA

3. Mailing Office Address

21150 POINT PLACE

Suite, Apt. #, etc.

2405

City & State

AVENTURA - FL.

Zip

33180

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

52-2442210

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

PATRICIA SALGUERO

400034017714

04/27/04--01031--022 **1050.00

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

21150 POINT PLACE

Suite, Apt. #, Etc.

2405

City

AVENTURA - FL.

State

FL

Zip Code

33180

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

Patricia Salguero C.
REGISTERED AGENT MUST SIGN

Date

04/22/04

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
D	PATRICIA SALGUERO	21150 POINT PLACE #2405	AVENTURA FL 33180

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:

Patricia Salguero C.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA
SALGUERO

Date

04/22/04

Daytime Phone #

(305) 932-6262

CR2E081 (01/04)