

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 26 AM 11:22

DOCUMENT # PD2000024110

1. Corporation Name

C & J of Miami Corp.

REINSTATEMENT 03-04

2. Principal Office Address

3450 S. Lake Dr

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

USA

City & State

Zip

Country

900025340239

01/20/04--01006--012 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

March 03

5. FEI Number

01-0618904

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

Claudia P. Bustos

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

3450 S. Lake Dr

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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

01/13/04

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
<u>Pres</u>	<u>Mrs. Claudia P. Bustos</u> <u>President</u>	<u>3450 S. Lake Dr.</u> <u>Miami</u>	<u>Miami, FL 33155</u>
<u>Vice</u>	<u>Mr. Jhon J. Ramirez</u> <u>Vice-President</u>	<u>3450 S. Lake Dr</u>	<u>Miami, FL 33155</u>

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] -President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/01/03

Daytime Phone #

305-300-7684

CR2001 (10/02)

Dec 1st, 2003

Department of State
Florida Division of Corporations
P O Box 6327
Tallahassee, FL 32314

To whom it may concern,

This is a request to reinstate our corporation C & J of Miami Corp. (P02000024110) as we did not receive in the mail a letter of notification that we needed to renew our Corporation every year.

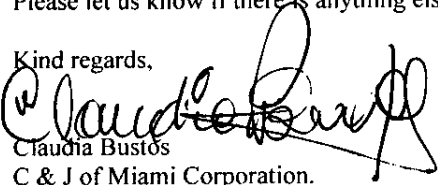
I apologize for not sending in the fees as we are a new Corporation and did not know we had to

Please accept our most sincere apologies for this misunderstanding and rest assured that we will send in our fees for renovation yearly

We are enclosing a check for \$150.00 to cover this renovation.

Please let us know if there is anything else we need to do in order to get our company reinstated.

Kind regards,


Claudia Bustos
C & J of Miami Corporation.
P02000024110
305-300-7684