

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000024110

1. Corporation Name

C & J OF MIAMI CORPORATION

2. Principal Office Address - No P.O. Box #

225 CHESTNUT CIRCLE

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33026

Country

US

3. Mailing Office Address

225 CHESTNUT CIRCLE

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33026

Country

US

FILED

10 APR -8 AM 11:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

500175023655
04/08/10--01050--005 **450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida **03/04/2002**

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

JHON J. RAMIREZ

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

225 CHESTNUT CIRCLE

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33026

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

X Jhon J. Ramirez

REGISTERED AGENT MUST SIGN

Date **04/05/2010**

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
PD	JHON J. RAMIREZ	225 CHESTNUT CIRCLE	HOLLYWOOD, FL 33026

REINSTATEMENT

RA

08-10

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

X Jhon J. Ramirez

JHON J. RAMIREZ - PRESIDENT 04/05/2010 786-473-7527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #