

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 29 PM 2:16

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P02000026852

1. Corporation Name

J.O.S INDUSTRIES, INC.

2. Principal Office Address - No P.O. Box #
13212 SW 251 LANE

3. Mailing Office Address
13212 SW 251 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL USA

City & State
MIAMI, FL USA

Zip
33032

Country
USA

Zip
33032

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
03/12/2002

5. FEI Number
02-0565265

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
OSMANY SANCHEZ

Street Address (P.O. Box Number is Not Acceptable)
13212 SW 251 LANE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33032

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

Date
03/14/2007

REGISTERED AGENT MUST SIGN

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
PTS	OSMANY SANCHEZ	13212 SW 251 LANE	MIAMI, FL 33032
			500025007875 04/05/07--01047--005 **300.00

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 contained in Chapter 119, 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:

03/14/2007 786-286-3829

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 06-07

CR2E081 (1/07)

Miami, March 22, 2007

**Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

**Re: J.O.S. INDUSTRIES, INC
Doc Number P02000026852**

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the Uniform Business Report. We think it was sent to a different location.

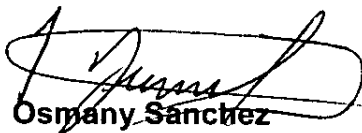
We are enclosing a check for \$300.00 to cover the following fees:

**2006 Uniform Business Report
2007 Uniform Business Report**

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2002.

Your consideration will be greatly appreciated.

Sincerely,



**Osmany Sanchez
President
13212 SW 251 Lane
Miami, FL 33032**