

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 SEP 27 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000031174 1. Corporation Name: JLP & Company, Inc. 123 SE 3rd ave, Suite 243 Miami, FL 33131			
2. Principal Office Address 123 SE 3rd ave Suite, Apt. #, etc. 243 City & State: Miami Zip 33131 Country USA		3. Mailing Office Address Suite, Apt. #, etc. City & State: FL Zip Country	

REINSTATEMENT
CR2E081 (8/05)

03-05

4. Date Incorporated or Qualified To Do Business in Florida 1/7/02	
5. FEI Number 04-3626132	☐ Applied For ☒ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Torge De Posada	
Street Address (P.O. Box Number is Not Acceptable) 123 SE 3rd ave Suite, Apt. #, Etc. 243 City Miami	
State FL	Zip Code 33613

A. 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.

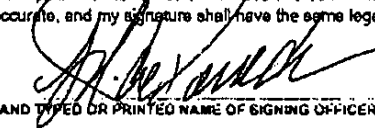
Signature of Registered Agent (X) 
REGISTERED AGENT MUST SIGN

Date 9/21/05

B. 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	Torge De Posada	16814 Anita Blvd	Miami, FL 33016
VP	Laura De Posada	16814 Anita Blvd	Miami FL 33016

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: (X) 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/05

Daytime Phone #

9/22/05