

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY -8 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000044169

1. Corporation Name

J & P PROPERTY ENTERPRISES INC

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

367 WEST 29TH STREET

3. Mailing Office Address

367 WEST 29TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH

City & State

HIALEAH

Zip

33012

Country

Zip

33012

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/2002

5. FEI Number

020600899

☐ 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

VIVIAN JIMENEZ

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

673 WEST 60TH STREET

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

S. HAWKES

MAY - 2012

EXAMINER

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

Vivian Jimenez
REGISTERED AGENT MUST SIGN

Date _____

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
P	LAZARO G PICALLO	367 WEST 29TH STREET	MIAMI , FL 33012
VS	VIVIAN JIMENEZ	673 WEST 60TH STREET	HIALEAH , FL 33012

REINSTATEMENT

2009-12

10. E-mail Address: **BAQUESACCOUNTING@YAHOO.COM**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Vivian Jimenez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #