

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 14 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000054386

1. Corporation Name

J & C Construction of Miami, Inc.

2. Principal Office Address

7880 Grand Canal Dr.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33144

Country

USA

3. Mailing Office Address

7880 Grand Canal Dr.

Suite, Apt. #, etc.

City & State

Miami, FL, 33144

Zip

33144

Country

USA

700016129707
04/17/03--01006--027 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

04-3670617

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

Jose I. Amaya

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

7880 Grand Canal Dr.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

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

Jose Amaya

REGISTERED AGENT MUST SIGN

Date

04-04-03

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.	Jose I. Amaya	7880 Grand Canal Dr.	Miami, FL, 33144.
V.	Clara Escobar	7880 Grand Canal Dr.	Miami, FL, 33144.

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:

Jose Amaya

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-03

Date

(305) 2667373

Daytime Phone #

25 415