

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN 20 PM 4:28

DOCUMENT # P02000061880

1. Corporation Name
JER CORP.

2. Principal Office Address
512 E COWBOY WAY

Suite, Apt. #, etc.

City & State
LABELLE, FL

Zip Country
33935 U.S.

3. Mailing Office Address
512 E COWBOY WAY

Suite, Apt. #, etc.

City & State
LABELLE, FL

Zip Country
33935 U.S.

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida 06/04/2002

5. FEI Number
03-0454291

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
RAYO HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
512 E COWBOY WAY

Suite, Apt. #, Etc.

City
LABELLE

State Zip Code
FL 33935

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

✓ Rayo Hernandez

Date

6.15.05

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
DPST	RAYO HERNANDEZ	635 PINEWOOD DR.	LABELLE, FL 33935
D	JORGE HERNANDEZ	635 PINEWOOD DR.	LABELLE, FL 33935

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:

✓ Jorge Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6.15.05

Daytime Phone #

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