

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -6 PM 1:09

DOCUMENT # P03000077056

1. Corporation Name

JOLIN GROUP ENTERPRISES, INC.
2759 SW 34 AVE
MIAMI, FL 33133

~~10/11/05--01063--008 **150.00~~

REINSTATEMENT 05

CR2E081 (8/05)

2. Principal Office Address

2759 SW 34 AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33133

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/14/2003

5. FEI Number

52-2436640

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

JIMMY GONZALEZ

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

2759 SW 34 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

100060500731

~~10/11/05--01063--008 **150.00~~

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

Jimmy Gonzalez

Date

10/5/05

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
PS	JIMMY GONZALEZ	2759 SW 34 AVE	MIAMI, FL. 33133

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:

Jimmy Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/5/05 - 305-884-4750

Daytime Phone #