## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM			£)	DEPAR Secretar SION OF C	y of S	tate			FILED  07 AUG -6 AM 7: 53  SECRETANT OF STATE	
DOCUMENT # PO3000144393  1. Corporation Name									TALLAHASSEE, FLORIDA		
J&F	R Cor	ıstrı	uction	& Deve	elopr	ner	nt,	INC	Sk		
					. Mailing Office Address 6208 N.W. 15st					STATEMENT 04	- 07
Suite, Apt. #	ŧ, etc.	Suite, Apt. #,	Suite, Apt. #, etc.				Date Incorporated or Qualified     To Do Business in Florida				
City & State Pem	broke	City & State Pembi	Pembroke Pines, FI				5. FEI Number Applied For				
33028	33028 USA			<sup>Zip</sup> 33028	<sup>Zip</sup> 33028		USA		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
Name and Address of Current Regist Maria Catano Street Address (P.O. Box Number is Not Acceptable) 10208 N.W. 15St Suite, Apt. #, Etc. City Pembroke Pines, FI						State 33028			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the or Signature of Registered Agent REGISTERED AGENT MUST SIGN									Date 24 July 2007		
9. Names	and Street A	ddresses	of Each Officer	and/or Director (FI	orida nonpro	ofit corpo	orations	must list at le	east 3 directors)	<u></u>	
Titles	Name of Officers and/or Directors					Street Address of Eac Officer and/or Directo				City / State / Zip	_
Dir/Pre	Jorge E. Catano					16208 N.W. 15st				Pembroke Pines, FI 330	28
Dir/VP	Maria Catano					16208 N.W. 15st				Pembroke Pines, FI 330	)28
										00107263354 3/0701051008 **1200.0	0
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 filling 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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shell have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Dayline Phone #											