

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 23 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000144495

1. Corporation Name

J & I Pandoring Services, Inc

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

23466 SW 57th AVE

Suite, Apt. #, etc.

AP 503

City & State

Boca Raton, FL

Zip

33428

Country

US

3. Mailing Office Address

23466 SW 57th AVE

Suite, Apt. #, etc.

AP 503

City & State

Boca Raton, FL

Zip

33428

Country

US

500177297375
04/23/10--01033--025 **\$600.00

REINSTATEMENT

07-10

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0449825

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

Adao M. Carvalho

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

23466 SW 57th AVE

Suite, Apt. #, Etc.

AP 503

City

Boca Raton

State

FL

Zip Code

33428

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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 obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Adao M. Carvalho

REGISTERED AGENT MUST SIGN

Date 04/21/10

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	Adao M. Carvalho	23466 SW 57 th AVE	Boca Raton, FL 33428

10. E-mail Address: N/A

(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., 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.

SIGNATURE:

Adao M. Carvalho

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/10

Date

Daytime Phone #

4121