

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000013391

1. Corporation Name

CULINARY CREATIONS BY J & M, INC.

2. Principal Office Address - No P.O. Box #
1301 NW 89TH CT

3. Mailing Office Address
1301 NW 89TH CT

Suite, Apt. #, etc.
STE 218

Suite, Apt. #, etc.
STE 218

City & State
DORAL FL

City & State
DORAL FL

Zip
33172

Country
US

Zip
33172

Country
US

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **01-16-04**

5. FEI Number
20-0629793

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
REMIGIO DAVALOS

Street Address (P.O. Box Number is Not Acceptable)
1301 NW 89TH CT

Suite, Apt. #, Etc.
STE 218

City
DORAL

State
FL

Zip Code
33172

☒ 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 obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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	REMIGIO DAVALOS	1301 NW 89TH CT STE 218	DORAL FL 33172

300110014243
09/27/07--01026--019 **450.00

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 contained in Chapter 119, 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:

Remigio Davalos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

09-24-07

Date

Daytime Phone #