

2006 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P04000053672

1. Entity Name
JMA REPTILES, INC.



06 OCT 31 PM 2:40

Principal Place of Business
11821 SW 104 CT
MIAMI, FL 33176

Mailing Address
11821 SW 104 CT
MIAMI, FL 33176

2. Principal Place of Business

3. Mailing Address



REINSTATEMENT

(05)

06

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

83-0391961

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTIZ, NANCY
7751 SW 26 ST
MIAMI, FL 33155

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ARCAJ, JOSE E
STREET ADDRESS 11821 SW 104 CT
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Change ☐ Addition
NAME **500081368015**
STREET ADDRESS **10/31/06--01033--012 **150.00**
CITY-ST-ZIP

TITLE S ☐ Delete
NAME ARCAJ, MARIA
STREET ADDRESS 11821 SW 104 CT
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose E. Arcay 10/23/06 (305) 799-8914

RECEIVED OCT 2 2 2006

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To: Whom It May Concern
Fr: Jose E. Arcay
JMA Reptiles Inc.
Dt: 10/23/06
Re: Reinstatement

My records from the past will show that we have always paid our yearly fee on time as soon as we receive notice from the state. This year we did not receive a notice but what we did receive was the "Notice Of Dissolution or Revocation" in late of October. Please reinstate the company without penalty. The check for \$150.00 made out to the Florida Dept. Of State is enclosed.

Thank You,
Jose E. Arcay