

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 FEB 25 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000060741**
1. Corporation Name
JRO Holdings, Inc.

800170575088
02/25/10--01037--021 \$450.00

0810

2. Principal Office Address - No P.O. Box #
17670 NW 78th AVE
Suite, Apt. #, etc.
Suite 201
City & State
MIAMI, FL
Zip
33015 Country
MIAMI-DADE

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida
April 8, 2004

5. FEI Number
201137776 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent
Name
CARIDAD AMORAS, ESQ
Street Address (P.O. Box Number is Not Acceptable)
294 Westward Drive
Suite, Apt. #, Etc.
City
MIAMI SPRINGS State
FL Zip Code
33166

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 607.0506 or 817.0503, F.S.
Signature of Registered Agent
[Signature] Date
2/18/10
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 |
|--------|-----------------------------------|--|--------------------|
| POD | Jose R. Machado | 17670 NW 78th Ave Suite 201 | Miami, FL 33015 |
| DVS | Orlando M. Machado | SAME AS ABOVE | |
| DVAs | Rolando J. Machado | SAME AS ABOVE | |

M. MILLIGAN
EXAMINER
MAR - 2 2010

10. E-mail Address: **omachado@gmail.com**
(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 817, 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 817.0401, 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: **Orlando Machado ORLANDO MACHADO** Date
2/18/10 786 5566950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #