PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 FEB 23 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~P04000157284~~

1. Corporation Name: P04000157284
JR + RR ENTERPRISES, COP

700089588487
02/27/07--01029--029 **300.00

CR2E081 (12/05) 06-07

2. Principal Office Address	3. Mailing Office Address
9300 FOUNTAINBLEU BLVD	9300 FOUNTAINBLEU BLVD
Suite, Apt. #, etc.: 210	Suite, Apt. #, etc.: 210
City & State: MIAMI, FL	City & State: MIAMI FL
Zip: 33172 Country: US	Zip: 33172 Country: US

4. Date Incorporated or Qualified To Do Business in Florida:

5. FEI Number: 20-1896448 ☐ 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: JOSE ANTONIO RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable): 9300 FOUNTAINBLEU BLVD
Suite, Apt. #, Etc.: 210
City: MIAMI State: FL Zip Code: 33172

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: _____ Date: 02/21/07
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
PTD	RODRIGUEZ, JOSE ANTONIO	9300 FOUNTAINBLEU BLVD #210	MIAMI, FL 33172
VSD	RODRIGUEZ, RATCHEL	9300 FOUNTAINBLEU BLVD #210	MIAMI FL 33172

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: _____ 01/02/07 786-597-0646 0647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0646

FC 2/26

January 2, 2006 → this ERROR.
01/02/2007 SORRY.

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl 32314

Ref: JR & RR ENTERPRISES, CORP
Doc. # P0400015784

To Whom It May Concern:

As per my telephone conversation, I never received the renewal notice for 2006

Enclosed, please find check for $150.00

Sincerely

Jose Antonio Rodriguez