

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 SEP 29 PM 7:41

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000163919

**1. Corporation Name**

JPR METAL FRAMWG, INC.

**2. Principal Office Address**

13524 LAKE VINING DR

Suite, Apt. #, etc. # 14105  
Orlando FL 32821

City & State

Orlando FL

Zip 32821

Country

**3. Mailing Office Address**

913 OLD BARN RD

Suite, Apt. #, etc.  
Orlando FL 32825

City & State

Orlando FL

Zip 32821

Country

**REINSTATEMENT 2005**

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

**5. FEI Number**

20-1964389

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

JAIRO POLANIA

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

13524 LAKE VINING DR

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32821

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**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

*[Signature]*

Date

09/19/05

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
P	JAIRO POLANIA	13524 LAKE VINING DR # 14105	Orlando FL 32821

**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 under section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/19/05

Date

Daytime Phone #

282

## **JPR. METAL FRAMING, INC.**

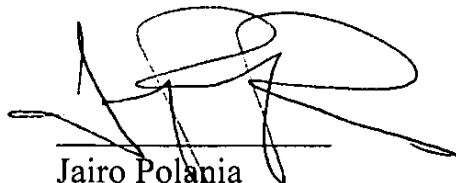
P04000163919  
913 Old Barn Rd.  
Orlando, FL 32825

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To Whom It May Concern,

This letter is to request removal of reinstatement penalties put upon my corporation. I did not receive any of the annual reports and that is why I did not make the annual payments. Now, I wish to reinstate my corporation and I enclosed check for \$150.00. I If you have any questions, please do not hesitate to contact me.

Sincerely,



Jairo Polania  
President