

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC 28 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000075484

1. Corporation Name

J.J.M. EXPORT, INC.

2. Principal Office Address - No P.O. Box #

9914 SW 156 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33196

Country

3. Mailing Office Address

9914 SW 156 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33196

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ 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

JOAO ABREU

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

9914 SW 156 COURT

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA

State

FL

Zip Code

33196

☐ 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

Date

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	JOAO ABREU	9914 SW 156 COURT	MIAMI, FL 33196
S	MARILU DE ABREU	9914 SW 156 COURT	MIAMI, FL 33196

10. E-mail Address: BCHMANTENIMIENTO@HOTMAIL.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 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. 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:

JOAO ABREU

12/23/2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #