

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JUL -2 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000094758

1. Corporation Name

JMJ'S WORLD, CORP.

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

14313 SW 96 ST.

3. Mailing Office Address

14313 SW 96 ST.

Suite, Apt. #, etc.

#404

Suite, Apt. #, etc.

#404

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33186

Country

US

Zip

33186

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

07/05/2005

5. FEI Number

NONE

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

MARTHA E. SERRANO

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

14313 SW 96 ST.

Suite, Apt. #, Etc.

#404

City

MIAMI

State

FL

Zip Code

33186

☒ 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

REGISTERED AGENT MUST SIGN

Date

7-1-09

**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
PRES	MARTHA E SERRANO	14313 SW 96 ST., #404	MIAMI, FL. 33186

900158105509  
07/02/09--01022--008 \*\*608.75

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:

Martha E. Serrano

SIGNATURE AND STYLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-1-09 305-546-3292

Daytime Phone #