

06/11/2008 WED 16:48 FAX

002/002

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000157228

1. Corporation Name

J&B US, CORP.

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

9737 NW 41st ST

3. Mailing Office Address

9737 NW 41st ST

Suite, Apt. #, etc.

#625

Suite, Apt. #, etc.

#625

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33178

Country

US

Zip

33178

Country

US4. Date Incorporated or Qualified
To Do Business in Florida**11/30/2005**

5. FEI Number

20-3980754

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

JOHN R BERRIOS

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

9737 NW 41st ST

Suite, Apt. #, Etc.

#625

City

MIAMI

State

FL

Zip Code

33178☒ 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*x John R Berrios*
REGISTERED AGENT MUST SIGNDate **06/09/2008**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JOHN R BERRIOS	9737 NW 41st ST #625	MIAMI FL 33178
VP	FLAVIO E JARAMILLO	9737 NW 41st ST #625	MIAMI FL 33178

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:

x John R Berrios
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**06/09/2008**

Date

Daytime Phone #

FILED
08 JUN 11 AM 8:29
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA**REINSTATEMENT 07-08**

CR2E081 (1/07)

06/11/2008 WED 16:47 FAX

001/002

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : I20070000146
Phone : (305) 406-3800
Fax Number : (305) 406-3999

CORPORATION REINSTATEMENT

J&B US, CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
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\$300.00

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