ACT

20001/0002

Division of Corporations

Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000008293)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6384

From:

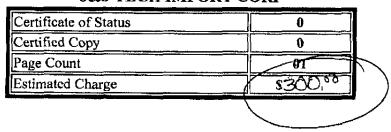
Account Name : ADVANCE CORPORATE SERVICE, INC.

Account Number : 120070000146 Phone : (305)406-3800 Fax Number : (305)406-3999

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

CORPORATION REINSTATEMENT J&J TECH IMPORT CORP



Electronic Filing Menu Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE CONTO JAN JUNES FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	SECRETARY OF STATE TALLAHASSEF, FLORIDA
DOCUMENT # P06000122744 1. Composition Name J & J Tech Import Corp		
2. Principal Office Address - No P.O. Box# 4995 NW 72 AVE	3. Mailing Office Address 4995 NW 72 AVE	REINSTATEMENT 09-10
Suite. Apt #, etc. 20 5	Suite, Aprl. #, etc. 205	4. Date Incorporated or Qualified To Do Business in Florida 09/25/2006
City & State Miami, FL Zio Country	City & State Miami, FL Zip Country	5. FEI Number Applied For Nat Applicable
33166 US	33166 US	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fine required for a Continuate of Status
7. Name and Address of Current Registered Agent Name Tose F Rodriguez, SR. Street Address (P.O. Box Number is Not Acceptable) 8347 NW 68 ST Suite, Apt #, Etc. City Miami Tose F Rodriguez, SR. Street Address, (P.O. Box Number is Not Acceptable) 8347 NW 68 ST Suite, Apt #, Etc. FL 33166		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 famillar with and accept the obligations of section 607,0505 or 617,0503, F.S. Signature of Registered Agent York Voducius REGISTERED AGENT MUST SIGN		
Names and Street Addresses of Each Officer and/or Director (Floride nonprofit corporations must list at least 3 directors) Name of Street Address of Each Officer and/or Director Officer and/or Director Officer and/or Director Officer and/o		City / State / Zin
Childers and/or Cirectors	niles 4995 NW 72 AV	e #205 Miami, FL 33166
10. E-mail Address: Ga negocios@gmail. Com 176 by 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 817, F.S. I turther 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 owned 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 calls.		
SIGNATURE:		