

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 28 PM 3:16

DOCUMENT # P06000130844

1. Corporation Name

JWMOA ASSOCIATES INC.

500156509355
05/28/09--01017--001 **450.00

REINSTATEMENT

07-09ks

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

1865 BRICKELL AVENUE

3. Mailing Office Address

1865 BRICKELL AVENUE

Suite, Apt. #, etc.

PH 8

Suite, Apt. #, etc.

PH 8

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33129

Country

US

Zip

33129

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/2006

5. FEI Number
20-5810866

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

JACQUES WULFFAERT

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

1865 BRICKELL AVENUE

Suite, Apt. #, Etc.

PH 8

City

MIAMI

State

FL

Zip Code

33129

☒ 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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 05-18-09

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
P/DVP S/T	JACQUES WULFFAERT	1865 BRICKELL AVENUE APT PH8	MIAMI, FL 33129

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUES WULFFAERT

Date

05-18-09

Daytime Phone #

786 5534656