

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

09 MAY -6 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P06000134607

**1. Corporation Name**

JNN Incorporated

**2. Principal Office Address**

1181 Stillwell Road

Suite, Apt. #, etc.

City & State

Belle Glade, FL

Zip

33430

Country

USA

**3. Mailing Office Address**

1181 Stillwell Road

Suite, Apt. #, etc.

City & State

Belle Glade, FL

Zip

33430

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/23/2006

**5. FEI Number**

26-2133438

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

Business Filings Incorporated

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

1203 Governors Square Blvd

Suite, Apt. #, Etc.

Suite 101

City

Tallahassee

State

FL

Zip Code

32301-2960

**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

*Mark Williams*

Date

11/5/08

REGISTERED AGENT MUST SIGN Business Filings Incorporated, Mark Williams, AVP

**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
Dir./Pres.	Nahum Rodriguez	1181 Stillwell Road	Belle Glade, FL 33430
VP	Nahum Rodriguez	1181 Stillwell Road	Belle Glade, FL 33430
Sec.	Nahum Rodriguez	1181 Stillwell Road	Belle Glade, FL 33430
Treas	Nahum Rodriguez	1181 Stillwell Road	Belle Glade, FL 33430
<b>REINSTATEMENT</b>			
<b>RH</b>			

**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 under section 119.07(3)(i), 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:**

*Nahum Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nahum Rodriguez, President

03/16/2009

Date

561-261-2778

Daytime Phone #

CR2E081 (9/01)