

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 MAY -1 AM 10:42

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P07000080546

1. Corporation Name

Jame Ventures Group Company

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

18610 N.W. 87AVE

Suite, Apt. #, etc.

# 102

City & State

MIAMI, FL

Zip

33015

Country

U.S.

3. Mailing Office Address

2995 S.W. 4 ST

Suite, Apt. #, etc.

REAR

City & State

MIAMI, FL

Zip

33135

Country

600259760486

05/01/14--01031--007 \*\*150.00

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

7-16-2007

5. FET Number

80-0263227

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

Barbara Sanchez

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

2995 S.W. 4th REAR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33135

600259760486

02/24/14--01046--002 \*\*150.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 4-26-14

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	Orrellana, Esperanza	2995 S.W. 4th REAR, Miami FL	33135

10. E-mail Address: anaorellana@bellsouth.net

(To be 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 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., and that all fees owed 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 oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*[Signature]* / P=Esperanza Orrellana

Date

4-26-14

Daytime Phone #

786271-4445

PG 5/7/14