

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 30 PM 3 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000107639

1. Corporation Name

J & A Iron Recycling, Inc.

700179472387
04/30/10--01057--020 **\$600.00

REINSTATEMENT 07-10

CR2E081 (4/10)

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

835 E. 5 Street

3. Mailing Office Address

835 E. 5 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33010

Country

DADE

Zip

33010

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

26-1163957

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mesa & Mesa Accounting & Tax Services

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

2441 NW 93 AVE

Suite, Apt. #, Etc.

101

City

DORAL

State

FL

Zip Code

33172

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/28/10

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
PT	Batista, Jorge	835 E. 5 St.	Hialeah, FL 33010
Siv	Zaldivar, Adelqui	835 E. 5 St.	Hialeah, FL 33010

25/5

10. E-mail Address: aleidagomez@comcast.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., 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/10

Daytime Phone #

(305) 318-7055