

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

56052

DOCUMENT # P12000056052

1. Corporation Name

J.J. International Corp

700365218657

04/29/21--01008--005 **1850.00

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

5079 NW 159 St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

City & State

Zip

33014

Country

Miami-Dade

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

6/21/2012

5. FEI Number

45-5597714

☒ 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

Jorge M Rodriguez

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

5079 NW 159 St

Suite, Apt. #, Etc.

Suite B

City

Miami Lakes

State

FL

Zip Code

33014

FILED
CLERK OF STATE
TREASURY
APR 28 AM 10:24
MIAMI LAKES, FL

8. I, being associated and 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

Date

4/27/21

REGISTERED AGENT MUST SIGN

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	Jorge M. Rodriguez	5079 NW 159 St Suite B	Miami Lakes, FL 33014

10. E-mail Address: jjinternational41@gmail.com

(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/21

Daytime Phone #