

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 OCT -7 AM 11:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000030491
 1. Corporation Name
 J.O.P. INVESTMENTS, INC.
 w99000016205

Principal Place of Business Mailing Address
 14458 SW 97th St
 Miami, Florida 33186

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable n/a
 Suite, Apt. #, etc.
 City & State Miami
 Zip 33186 Country Miami Dade

3. New Mailing Office Address, If Applicable n/a
 Suite, Apt. #, etc.
 City & State Florida
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 5. FEI Number N/A
 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	JUAN C. MILIAN	14458 SW 97th St	Miami, Florida 33186
DV	OSCAR G. MARTINEZ	1422 SW 16th St	Miami, Florida 33145
DTX	PABLO M. MARTINEZ	1422 SW 16th St	Miami, Florida 33145
			0000003015230--0 -10/14/99--01091--012 ***1500.00 ***1500.00

8. Name and Address of Current Registered Agent
 none

9. Name and Address of New Registered Agent
 Name JUAN C. MILIAN
 Street Address (P.O. Box Number is Not Acceptable) 14458 SW 97th St
 Suite, Apt. #, Etc. Miami
 City Florida State FL Zip Code 33186

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent *[Signature]* Date 10-5-99
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: *[Signature]* 9-23-1999
 OSCAR G. MARTINEZ Date 6-25-99 Daytime Phone #