	PLEASE REA	AD ALL INSTRU	CTIONS BEFOR	RE COMPLETING THIS FORM.	
CORPORATION REINSTATEMENT		Secr	PARTMENT OF STA etary of State of corporations	21 MAY -6 PH 12: 59	
DOCUMENT # P93000041584 1. Corporation Name J & M ENTERPRISES TRADING, INC				SECHETARY OF STATE SECHETARY OF STATE TALLAHASSTE, FLORIDA	
· · · · · · · · · · · · · · · · · ·					- <i>0</i> †
2. Principal Office Address 1227 SW 21 TERR		3. Mailing Office 1227 SW 21 3		80 0035553 098 05/06/0401012018 **300.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida	
City & State MIAMI, FLORIDA		City & State MIAMI, FLOF	RIDA	To Do Business in Florida JUN€ 1993 5. FEI Number Applied Fo 65-0421207 Not Applie	
^{Zip} 33145	Country USA	Zip 33145	Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee rection a Certificate of States	quire
		7. Name	and Address of Current R	egistered Agent	
	Name JUAN C RAMON				
Street Address (P.O. Box Number is Not Acceptable) 13800 SW 8 STREET # 133 Suite, Apt. #, Etc.				- ARENT	.*
				REINSTAILME	
	City MIAMI			State Zip Code FL 33184	
8. I, being ap Signature of Registered Ag	Musi and	he above named corporation REGISTERED AGENT		ot the obligations of section 607.0505 or 617.0503, F.S. Date 04/26/2004	,

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip D.P.T 4441 SW 132 AVENUE MIAMI, FLORIDA 33175 **MILDREY CANAL** 13800 SW 8 STREET # 133 MIAMI, FLORIDA 33184 D.VP.S JUAN C. RAMON

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 filling 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:

SONATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2004

786-285-8710

Date

Daytime Phone #

Fee required of Status

J & M ENTERPRISES TRADING, INC. 1227 SW 21ST TERRACE MIAMI, FLORIDA 33145

PHONE (786) 285-8710

April 26, 2004

Florida Department of State ATT: Glenda E Hood Secretary of State

Division of Corporations Uniform Business Report Filings Reinstatement Department 409 East Gaines Street Tallahassee, Florida 32302-1500

In RE: My UBR Doc # P93000041584 Years 2003 and 2004 Corporate Reinstatement filings.

My Accountant, Mr. Noel E. Escobar was updating our records today he found that we were not active with the Dept. of State; I never received the annual report forms. Therefore this letter to you and we hereby request that you abate any penalties.

Please find enclosed a Corporation Reinstatement form and a check in the amount of \$ 300.00 for the above years.

Sincerely Yours

Company President