

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 NOV -8 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000014858

1. Corporation Name

F.J.A. IMPEX, INC.

2. Principal Office Address

5505 N OCEAN BLVD

3. Mailing Office Address

5505 N OCEAN BLVD

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

OCEAN RIDGE FL

City & State

OCEAN RIDGE FL

Zip

33435

Country

PALM BEACH

Zip

33435

Country

PALM BEACH

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0487749

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

JULES AMAGAT

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

5505 N OCEAN BLVD

Suite, Apt. #, Etc.

102

City

OCEAN RIDGE

State

FL

Zip Code

33435

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

*Jules Amagat*

REGISTERED AGENT MUST SIGN

Date 11/07/06

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
PD	JULES AMAGAT	5505 N OCEAN BLVD APT 102	OCEAN RIDGE FL 33435

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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 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 contained in Chapter 119, 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:

*Jules Amagat*

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/07/06

Date

561-752-4425

Daytime Phone #