

APPLICATION -
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A94000080999

1. Corporation Name J.C.J., Corp.

Principal Place of Business Mailing Address
6780 Coral Way Suite 200
Miami, Florida 33155

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/02/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0543289	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 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
VD	Maria E. Medel	6780 Coral Way #200	Miami, Fl. 33155
PD	Jose Gomez	3690 N.W. 50th Street	Miami, Florida 33142
TD	Jose Villarruel	3690 N.W. 50th Street	Miami, Florida 33142
SD	Carlos Garcia	3690 N.W. 50th Street	Miami, Florida 33142

REINSTATEMENT 96-99

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***1350.00 ***1350.00

8. Name and Address of Current Registered Agent Maria E. Medel 6780 Coral Way Suite 200 Miami, Florida 33155		9. Name and Address of New Registered Agent Name: Carlos De La Osa Street Address (P.O. Box Number is Not Acceptable): 4960 S.W. 72nd Avenue Suite, Apt. #, Etc. City: Miami State: FL Zip Code: 33155	
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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: 3/12/99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(c), 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] Jose Gomez 3/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President

FILED
99 MAR 18 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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