

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 30 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000017218

1. Corporation Name

J & M Express Inc.

2. Principal Office Address

4843 Palm Brooke Circle

Suite, Apt. #, etc.

City & State

West Palm Beach

Zip
33417

Country
USA

3. Mailing Office Address

4843 Palm Brooke Circle

Suite, Apt. #, etc.

City & State

West Palm Beach

Zip
33417

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **ASAP**

5. FEI Number
650559418

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
Juan J Melendez

Street Address (P.O. Box Number is Not Acceptable)
4843 Palm Brooke Circle

Suite, Apt. #, Etc.

City
West Palm Beach

State
FL

Zip Code
33417

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

Juan J Melendez **MARLENE E MELENDEZ**

REGISTERED AGENT MUST SIGN

Date **6/29/06** **561-767-6171**

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
Pres	Juan J Melendez	4843 Palm Brooke Circle	WPB, FL 33417
VP	Marlene E Melendez	4843 Palm Brooke Circle	WPB, FL 33417

200077097342
07/08/06--01061--024 **1715.00

6/26/30

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan J Melendez

Date

6/29/06

Daytime Phone #

561-719-2597



FAX COVER SHEET

 4 Pages (Including Cover Sheet)

To: Sean Toner
Senior Section Administrator
Company: FL Dept of State
Fax: 850-245-6017
From: John Melendez – President, CEO

Ref: Corporate Reinstatement

Message: Mr. Toner enclosed you will find the necessary forms for the reinstatement and for the corporation name change. Also enclosed you will find 2 checks one for the amount of \$1715.00 and another one for the amount of \$35.00. Per our conversation I never received a report notice in 1996 from your office. Please be advised if I would have known about the annual report I would have filed accordingly. I regret dearly this incident ever happening.

Thank you for your help in resolving this matter in a timely manner.

Sincerely,

A handwritten signature in black ink, appearing to be "John Melendez", written in a cursive style.

4843 Palm Brooke Circle WPB, FL 33417 Tel: 561-719-2597 Fax: 561-616-0382