

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 FEB 12 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 95000021521  
1. Corporation Name  
J. J. Marine Investment, Inc.

Principal Place of Business 4835 N.W. 184 Ter Miami, Fla. 33055  
Mailing Address 4835 N.W. 184 Ter Miami, Fla. 33055

REINSTATEMENT 96-97

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

2. New Principal Office Address, If Applicable <u>Same as above</u> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <u>Same as above</u> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <u>MARCH 16, 1995</u>	
City & State		City & State		5. FEI Number <u>15-0566603</u>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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
<u>P</u>	<u>Juan G. Jimenez</u>	<u>4835 N.W. 184 Ter Miami, Fla. 33055</u>	<u>Miami, Fla. 33055</u>
			<u>200002086612--3</u> <u>-02/13/97--01028--010</u> <u>****165.00 ****165.00</u>
			<u>200002086612--3</u> <u>-02/13/97--01028--011</u> <u>****383.75 ****383.75</u>
			<u>187 2/12/97</u>

8. Name and Address of Current Registered Agent

Juan G. Jimenez  
4835 N.W. 184 Ter  
Miami, Fla. 33055

9. Name and Address of New Registered Agent

Name no fee charged, report received in time  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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]  
REGISTERED AGENT MUST SIGN

Date Feb 12, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 12, 1997 (305) 625-3754  
Date Daytime Phone #

CR2E040 (12/96)