

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

98 DEC 21 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000029173

1. Corporation Name

JONA HOLDINGS, CORP.

Principal Place of Business

Mailing Address

2451 BRICKELL AVENUE APT 21K
MIAMI FL 33129

2451 BRICKELL AVENUE APT 21K
MIAMI FL 33129

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

2. New Principal Office Address, If Applicable

10835 SW 112 Ave
Suite, Apt. #, etc. 101

3. New Mailing Office Address, If Applicable

10835 SW 112 Ave
Suite, Apt. #, etc. 101

City & State

Miami FL

City & State

Miami FL

Zip

33176

Country

Miami-Dade

Zip

33176

Country

Miami-Dade

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/1995

5. FEI Number

65-0653997

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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
D	PEYRELLADE, JOSE A	2451 BRICKELL AVENUE APT 21K- 10835 SW 112 Ave #101	MIAMI-FL 33129 Miami, FL 33176

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEYRELLADE, JOSE A
10835 SW 112 AVE
101
MIAMI FL 33176

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/16/98

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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/98

Daytime Phone #

(305) 412-9226

CR2E040 (9/98)