

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 11 AM 9 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **95000050125**

1. Corporation Name
J & M ALL IN ONE ENTERPRISES, INC.

2. Principal Office Address

5917 NW 199 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

HALEAH, FL

City & State

Zip

33015

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-23-95

5. FEI Number

65-0643058

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

JAIME CARDENAS

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

5917 NW 199 ST.

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33015

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

Jaime Cardenas

REGISTERED AGENT MUST SIGN

Date

3/3/02

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/	JAIME CARDENAS	5917 NW 199 ST.	Hialeah FL 33015
Treas.			

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jaime Cardenas

3/3/02

Date

305-625-8487

Daytime Phone #

CR2E081 (9/01)

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J & M All In One Enterprises, Inc.
5917 NW 199th Street
Hialeah, FL 33015

March 3, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Following my telephone inquiry with your office, I am enclosing the Corporation reinstatement form along with a check for \$450.00 as instructed by one of your representatives. The \$450.00 would bring the annual corporation fee up to date, inclusive of 2002 reporting.

As previously explained, I have not received the annual corporation form. My address has not changed. Please activate my corporation upon receipt of this letter.

Additionally, by means of this letter I am advising that I am the registered agent, director and the only officer of the corporation. Any previous officers or registered agents are no longer with the corporation.

I would appreciate confirmation and acceptance of the above in writing.

Sincerely,


Jaime Cardenas
President