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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 13 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P95000072495

JMV Services, Inc
4303 N.W. 7th Street Suite C
Miami, FL 33126

2. If Address is incorrect in any way, enter the correct address. Mailing address can be changed only by filing a separate form.

Address

Address

City and State

REINSTATEMENT 96

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number	FEI Number Applied For	5. Social Security Number
09/20/1995	65-0607976	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☑

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
Pst/T/D	Juan M. Vizoso	4303 N.W. 7th Street Suite C	Miami FL 33126

500002009375--8
-11/20/96--01026--002
*****375.00 *****375.00

500002009375--8
-11/20/96--01026--003
*****8.75 *****8.75

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Juan M. Vizoso
4303 N.W. 7th Street Suite C
Miami, Florida 33126

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State FL Zip

9. 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 _____ Date 11/11/96

REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

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., and that all fees owed by the corporation have been paid. 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 of Officer or Director _____ Date Oct 24, 1996 Daytime Phone # (305) 443-0703

Typed or printed name of signing officer or director Juan M. Vizoso

CR2E080 (8/95)