

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



DOCUMENT # P95000082808

1. Corporation Name

J.P.B. TRADING, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

100 KINGS POINT DRIVE
218
NORTH MIAMI BEACH FL 33160
US

100 KINGS POINT DRIVE
218
NORTH MIAMI BEACH FL 33160
US

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

2. New Principal Office Address, If Applicable

100 Kings Point Drive

Suite, Apt. #, etc.

218

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

3. New Mailing Office Address, If Applicable

100 Kings Point Drive

Suite, Apt. #, etc.

218

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1995

5. FEI Number

65-0620779

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	KOMAZAWA, ASAKO	100 KINGS POINT DR #218	MORTH MIAMI BEACH FL

100003506131--5
-12/19/00--01077--011
****758.75 ****758.75

REINSTATEMENT

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1178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOMAZAWA, ASAKO
100 KINGS POINT DR
SUITE 218
NORTH MIAMI BEACH FL 33160

Name

Komazawa, Asako

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

100 Kings Point Drive

Suite, Apt. #, Etc.

Suite 218

City

Sunny Isles Beach

State

FL

Zip Code

33160

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 11/20/00

11. 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

Date 11/20/00 Daytime Phone #

305-949-7182

CR2E040 (8/00)