

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 31 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000089711

1. Corporation Name

J & B PLUS, INC.

2. Principal Office Address

10 S. ROYAL POINCIANA BL

Suite, Apt. #, etc.

City & State

MIAMI SPRINGS, FL

Zip

33166

Country

3. Mailing Office Address

10 S. ROYAL POINCIANA BL

Suite, Apt. #, etc.

City & State

MIAMI SPRINGS, FL

Zip

33166

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-21-1995

5. FEI Number

65-0630390

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100024806541
02/09/04--01047--005 **1050.00

11/18/03 01048 017 60200

7. Name and Address of Current Registered Agent

Name

MARTA LOPEZ

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

Suite, Apt. #, Etc.

10 S. ROYAL POINCIANA BLVD

City

MIAMI SPRINGS

State
FL

Zip Code
33166

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

(Signature)

Date

REGISTERED AGENT MUST SIGN

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
P/D	GUILLERMO MARTINEZ	10 S. ROYAL POINCIANA BLVD	MIAMI SPRINGS, FL 33166

REINSTATEMENT

02-03

TS

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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002
~~UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I~~
HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I
INCORPORATED.

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I
WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN
EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE
ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY



GUILLERMO MARTINEZ
PRESIDENT