

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **PA6000031155**

1. Corporation Name

J.M. & E. Investments, Inc.

Principal Place of Business
2655 LeJeune Road, PH-II
Coral Gables, Florida 33134

Mailing Address
2655 LeJeune Road, PH-II
Coral Gables, Florida 33134

FILED

97 DEC 11 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/9/96

5. F.E.I. Number

X

Applied For

Not Applicable

Applied For

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	Juan M. Carrera	c/o Terrance J. Mullin, Esq. 2655 LeJeune Road, PH-II	Coral Gables, FL. 33134
VP	Emma Garcia	c/o Terrance J. Mullin, Esq. 2655 LeJeune Road, PH-II	Coral Gables, FL. 33134

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-12/18/97--01062--003
****785.00 ****785.00

8. Name and Address of Current Registered Agent

Otero, Mullin & Tomlin, P.A.
75 Valencia Avenue
Fourth Floor
Coral Gables, Florida 33134

9. Name and Address of New Registered Agent

Name

Jamerson Sutton Surlas & Mullin LLP

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

2655 LeJeune Road

Suite, Apt. #, Etc.

Penthouse II

City

Coral Gables

State

FL

Zip Code

33134

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

TERRANCE J. MULLIN

Date

12-1-97

REGISTERED AGENT MUST SIGN

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., 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

JUAN MANUEL CARRERA

Date

12-2-97

Daytime Phone #

805 448
1295

CP2500 (12-95)