

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT -8 PII 1:56

STATE OF FLORIDA

Principal Place of Business	Mailing Address
1840 W 49 ST. STE#510 HIALEAH, FL. 33012	1840 W 49 ST. STE#510 HIALEAH, FL. 33012

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		4. Date Incorporated or Qualified To Do Business in Florida 5/10/96	
Suite, Apt #, etc		Suite, Apt #, etc.			
City & State		City & State			
Country		Zip	Country	5. FEI Number	<input checked="" type="checkbox"/> Applied For APPLIED FOR <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					

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
PD	CARLOS N. FIGUEROA	3867 SAN SIMEON CIR.	WESTON, FL. 33331
S	DARLEENE M. FIGUEROA	3867 SAN SIMEON CIR.	WESTON, FL. 33331
			7000003016737-4
			-10/19/98-01073--028
			***465.00 ***465.00

B. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARLOS N. FIGUEROA
3867 SAN SIMEON CIR.
WESTON, FL. 33331

Name _____

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

Suite, Apt. #, Etc.

City

State Zip Code

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

Dj13

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

(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 607.0101 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

Date

Daytime Phone #

Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir/Ms:

Per instructions from the Division Of Corporations, I am attaching a check in the amount of \$465.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with the corporation **JAMI TRADING, INC.**

Thank you for your courtesy in this matter.



CARLOS N. FIGUEROA
PRESIDENT