

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



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

02 SEP -9 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9600004241

1. Corporation Name

JONI, INC

2. Principal Office Address

180 S.W. 12 ST

3. Mailing Office Address

Suite, Apt. #, etc.

APT. # 12

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33130

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0844363

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JORGE CARRENO

800007809918-3

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

180 S.W. 12 ST APT. #12

09/17/02-01069-021  
\*\*\*300.00 \*\*\*300.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33130

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

Date 9/5/02

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
DPS	JORGE CARRENO	180 SW 12st APT#12	MIAMI, FL.
DVI	KRUEVES CARRENO	180 SW 12st APT#12	MIAMI, FL.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/02

Date

Daytime Phone #

CR2E081 (8/01)

JONI INC.

670 Thoreau Terrace

Union, NJ 07083

July 11, 2002

Re: p96000042441

Florida Dept of State  
Att. Sean Toner  
Senior Section Administrator

Dear Mr. Toner:

This letter is in reply to your correspondence dated June 17, in which you return our \$150. payment for reinstating the above named corporation.

Let me first explain to you that the appropriate forms and payments were not timely sent due to the fact that we never received them. I was informed over the telephone that they have been sent to an old Florida address, and therefore they did not reach our hands. We are therefore, requesting that you kindly wave all reinstatement fees and accept our enclosed \$300.00 payment to cover the years 2000 and 2001.

The corresponding reinstatement application is also enclosed.

Thank you in advance for your kind cooperation

Sincerely,



Jorge Carreño

President