

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Teresa B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 SEP -1 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000050725

1. Corporation Name

J. + P.M. Import + Export, Inc.

Principal Place of Business

Mailing Address

141 W.E. 3rd Avenue
Suite 900
Miami, FL 33132

141 W.E. 3rd Avenue
Suite 900
Miami, FL 33132

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

06/13/94

5. FEI Number

Applied For

65-0675217

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	De Queiroz Galvao, Paulo A	141 W.E. 3rd Avenue, Suite 900	Miami, FL 33132
VD	Junio, Antonio Goncal	141 W.E. 3rd Avenue, Suite 900	Miami, FL 33132

200002635602--0
-09/09/98-01070-003
***315.00 ***315.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

3395 S.W. 25 TR
Miami, Fla. 33133

Name
CARLOS MOLINO
Street Address (P.O. Box Number is Not Acceptable)
3395 S.W. 25 TR
Suite, Apt. #, Etc.
Miami, Florida
City

State
FL
Zip Code
33133

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

REGISTERED AGENT MUST SIGN

Date

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

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

Date

Daytime Phone #

2

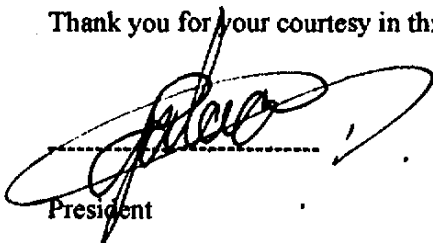
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir/Ms.:

Per instructions from the Division of Corporations, I am attaching a check in the amount of
³¹⁵²
\$165.00 for the Annual Report fee.

I also state that I have not received the first notice from the Division of Corporations.

Thank you for your courtesy in this matter.


President