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APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 28 PM 2:28

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P97000001303

J & B MOTORS INC
4015 S.W 103rd Ave
Miami FL 33165

REINSTATEMENT 98-00

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address
Address
7891 West Flagler St., Suite 13
City and State
Miami FL
Zip Code
33144

3. Date Incorporated or Qualified To Do Business in Florida
Jan 07, 1997

4. FEI Number

X FEI Number Applied For
FEI Number Not Applicable

5. $8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED X

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P	ROBERTO A. JARDINES	3550 SW 87th Ct,	Miami FL 33165
VP	ROSARIO JARDINES	3550 SW 87th Ct,	Miami FL 33165

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

RAMONA CORONADO
7360 Coral Way Ste 21
Miami FL 33155

8. Name and Address of New Registered Agent and/or Office

Name
ROBERTO A. JARDINES
Street Address (Do NOT Use P.O. Box Number)
3550 SW 87th Ct.,
Street Address (Do NOT Use P.O. Box Number)
Miami FL 33165
City and State
FL
Zip

9. 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 R Jardines
REGISTERED AGENT MUST SIGN
Date March 21, 2000

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director R Jardines
Date 3-21-00
Daytime Phone # (305) 962-3407

Typed or printed name of signing officer or director

AD

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