

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 AM 11:28

DOCUMENT # P97000098890

1. Corporation Name

JC INTERNATIONAL SERVICES, INC.

2. Principal Office Address

5035 PALM AVE.

Suite, Apt. #, etc.

City & State

HIALEAH, FL.

Zip

33012

Country

USA

3. Mailing Office Address

5035 PALM AVE.

Suite, Apt. #, etc.

City & State

HIALEAH, FL.

Zip

33012

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0799779

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

JAIME SANCHEZ

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

19650 NW 84th PL.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

300004212623-2
-05/11/01-0118-015
****900.00 ****900.00

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

JAIME SANCHEZ

Date 3/28/01

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
P	JAIME SANCHEZ	19650 NW 84 PL	MIAMI, FL. 33015

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)(j), 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:

JAIME SANCHEZ

3/28/01 (305)556-4043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #