

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

00 MAR 23 PM 2:21

DOCUMENT # P98000013463

1. Corporation Name

J & D MORTGAGE INC

2. Principal Office Address

6700 NW 186 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33015

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

2-09-1998

5. FEI Number

65-0819965

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

JEAN KARLOS FROMETA

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

6151 MIRAMAR PKY

Suite, Apt. #, Etc.

#208

City

MIRAMAR, FL.

State
FL

Zip Code

33023

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0509 or 617.0503, F.S.

Signature of
Registered Agent

Date 3-22-00

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
PD	IVETTE HERNANDEZ	6151 MIRAMAR PKY #208 MIRAMAR, FL.	33023
SD	JEAN KARLOS FROMETA	6151 MIRAMAR PKY #208 MIRAMAR, FL.	33023

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:

3-22-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850) 922-4004.

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

J & D MORTGAGE INC

Certificate of Status	1
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Estimated Charge	\$908.75

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