

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



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

FILED

02 JAN -9 PM 4:45

CORPORATION  
REINSTATEMENT

DOCUMENT # 898000021742

99-02  
4BR

1. Corporation Name

JL Sales, Inc.

2. Principal Office Address

8229 NW 66 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

USA

3. Mailing Office Address

8229 NW 66 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/06/02

5. FEI Number

65-0820495

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

99-02

7. Name and Address of Current Registered Agent

Name

LORENZO ARRIOLA

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

13371 SW 1 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33184

300004782993-0  
-01/17/02--01075--012  
\*\*\*\*600.00 \*\*\*\*600.00

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

REGISTERED AGENT MUST SIGN

Date

1/4/02

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
PRES	LORENZO ARRIOLA	8229 NW 66 ST	MIAMI, FL 33166
VP	Jorge OLIVA	2 2 2	MIAMI, FL 33166

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

LORENZO ARRIOLA

1/4/02

(305) 592-6126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

# JL SALES INC.

Manufacturers Representatives

2 of 2

January 7, 2002

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

Re: JL Sales, Inc.  
Annual Report

Dear Sir/Madam:

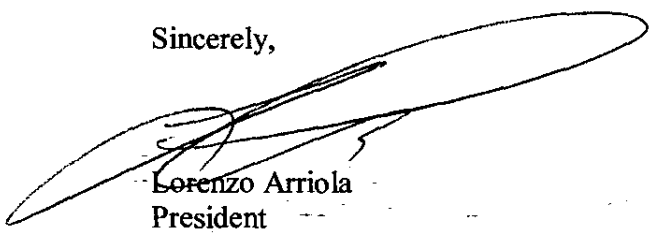
Enclosed please find our payment for the years 1999-2002.

We respectfully request you waive the reinstatement fee since we did not receive our annual report form. These forms were not sent directly to us. We can only assume that they were sent to the former registered agent's office.

We also discovered that the 1999 annual report form was "postal returned" to your office.

Thank you for your assistance in this matter.

Sincerely,



Lorenzo Arriola  
President  
JL Sales, Inc.

Attachment

LA/mha