

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P98000034345**

1. Corporation Name

**JBP GROUP, INC.**

Principal Place of Business

100 NW 167 ST  
MIAMI FL 33169

Mailing Address

~~100 NW 167 ST~~  
~~MIAMI FL 33169~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

~~100 NW 167 ST~~  
~~MIAMI FL 33169~~  
**PO BOX 2804**

~~MIAMI FL~~  
**MIAMI FL**

~~33169~~  
**33166**

~~USA~~  
**USA**



**REINSTATEMENT**

*2001*

4. Date incorporated or Qualified  
To Do Business in Florida

**04/13/1998**

5. FEI Number

**65-0830828**

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPVS	BALLINA, JOHN	100 NW 167 ST	MIAMI FL 3169
T	BALLINA, JOHN	100 NW 167 ST	MIAMI FL 3169
			<b>200004765152--4</b>
			<b>-01/10/02--01062--007</b>
			<b>****750.00 ****750.00</b>
			<b>LS</b>

8. Name and Address of Current Registered Agent

~~DE LA PAZ, FRANK~~  
~~10655 SW 113 PL~~  
~~MIAMI FL 33176~~

9. Name and Address of New Registered Agent

Name

**FRANCISCO DELA PAZ**

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

**600 PALM AVE**

Suite, Apt. #, Etc.

**C**

City

**HIALEAH**

State

**FL**

Zip Code

**33010**

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

**12-27-2001**

11. 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:

*John Ballina*  
**John Ballina, President**

Date

**12/05/01**

Daytime Phone #

**(205) 940-6186**

CR2E040 (8/01)