

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P-98000041208

1. Corporation Name

J-H CREATIONS INC.

7795 W FLAGLER ST. STE-9 Miami Fl. 33144-2366

Principal Place of Business

Mailing Address

7795 W, Flagler St. #9
Miami, Fl. 33144-2366

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-4-98

5. FEI Number

65-0834887

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	
D-P-S	LUIS A. ALDANA	8187 NW 8 Str. #313	Miami, Fl. 33126
D-VP-T	HAIDE J. ALDANA	8187 NW 8 Str. #313	Miami, Fl. 33126

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

HAIDE J. ALDANA

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

8187 NW 8 Street

Suite, Apt. #, Etc.

313

City

MIAMI,

State

FL

Zip Code

33126

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

Haide J. Aldana

REGISTERED AGENT MUST SIGN

Date Mar-9-2000

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.Yes ☒ 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., that all taxes 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS A. ALDANA President

Date

Mar-9-2000

Daytime Phone #

305
266-5882