

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -9 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-03

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04/09/03--01067--030 **908.75

DOCUMENT # P98000050171

1. Corporation Name

J & A DESIGN INC

2. Principal Office Address

3073 NW 82 AVE

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33122

Country

MIAMI DADE

3. Mailing Office Address

3073 NW 82 AVE

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33122

Country

MIAMI DADE

**4. Date Incorporated or Qualified
To Do Business in Florida**

04011998

5. FEI Number

65-0838984

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAIME CAMACHO

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

3073 NW 82 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33122

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

APRIL 2 / 2003

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 CAMACHO	3073 NW 82 AVE	MIAMI FL 33122

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIME CAMACHO

Date

APRIL 2 / 03 786 280 1952

Daytime Phone #

CR2E081 (10/02)