

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 FEB 14 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000081722

1. Corporation Name

J AND J INTERIOR, CORP.

Principal Place of Business

Mailing Address

471 S.W. 203RD AVENUE
PENSACOLA FL 33029

471 S.W. 203RD AVENUE
PENSACOLA FL 33029

Hollywood



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

4. Date Incorporated or Qualified To Do Business in Florida

09/18/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0870105

Not Applicable

Zip Country

Zip Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for DORTA, JOSE JR. and DORTA, LUCILA.

700003140717--7
-02/21/00--01016--007
****900.00 ****800.00

REINSTATEMENT [Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DORTA, LUCILA
471 S.W. 203RD AVENUE
PENSACOLA FL 33029

Form for New Registered Agent with fields for Name, Street Address, Suite, City, State, and Zip Code.

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

[Signature] REGISTERED AGENT MUST SIGN

Date 1/4/00

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: [Signature] Lucila Dorta, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/4/00 Daytime Phone # 441-0567

CR2E040 (8/99)