

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 12 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PP9000012044**

1. Corporation Name

JIREH, NISSI AND SONS INC.

2. Principal Office Address

12672 NW 9TH WAY

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33182

Country

U.S.A.

3. Mailing Office Address

12672 NW 9TH WAY

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33182

Country

U.S.A.

REINSTATEMENT

00-01

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

FEBRUARY 1999

5. FEI Number

65-0891553

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

GIANCARLO MIGNANO

800003851188-9

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

12672 NW 9TH WAY

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33182

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/7/01

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
PRESIDENT	GIANCARLO MIGNANO	12672 NW 9TH WAY	MIAMI, FL 33182
			LS

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]

GIANCARLO MIGNANO

3/07/01

(305) 345-9249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #