

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000027099

1. Entity Name  
J.N. FAST PICKING, INC.



FILED  
2007 FEB -5 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5122 NW 5TH AVE  
MIAMI, FL 33127

Mailing Address  
5122 NW 5TH AVE  
MIAMI, FL 33127

2. Principal Place of Business - No P.O. Box #

5122 NW 5th Ave

3. Mailing Address

5122 NW 5th Ave



01292007 REIN-P CR2E098 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33127

Country

USA

Zip

33127

Country

USA

4. FEI Number

65-0980380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PIERRE, PROSPERITY  
5122 NW 5TH AVE  
MIAMI, FL 33127

7. Name and Address of New Registered Agent

Name

Prosperity Pierre

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

5122 NW 5th Ave

City

Miami

FL

Zip Code

33127

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Prosperity Pierre*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-29-07

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSD  
PIERRE, PROSPERITY  
5122 NW 5TH AVE  
MIAMI, FL 33127 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY - ST - ZIP  
☐ Change ☐ Addition  
500088287465  
02/14/07--01011--003 \*\*300.00

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Prosperity Pierre*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-07

Date

305710 3941

Daytime Phone #