

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 JUN 17 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000038294

1. Corporation Name

JOMARI ENTRPRISES, INC.

Principal Place of Business

Mailing Address

8931 NW 148 TERR.
HIALEAH FL 33018

8931 NW 148 TERR.
HIALEAH FL 33018

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

2. New Principal Office Address, If Applicable

16641 NW 77th PL

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

16641 NW 77th PL

Suite, Apt. #, etc.

REINSTATEMENT 00-02

4. Date Incorporated or Qualified To Do Business in Florida

04/23/1999

5. FEI Number

65-0961769

Applied For

Not Applicable

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

Zip

33016

Country

US

Zip

33016

Country

US

6. CERTIFICATE OF STATUS DESIRED \$3.75 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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
P	Jose E. Rodriguez	16641 NW 77th PL	Miami, FL 33016
VP	Marivi Rodriguez	16641 NW 77th PL	Miami, FL 33016
			900.00 - Adm
			61.25 - ARB
			88.75 - ARB SUPP
			8.75 - Cent

8. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE E
8931 NW 148 TERR.
HIALEAH FL 33018

9. Name and Address of New Registered Agent

Name: J. Garcia and Assoc., P.A.
Street Address (P.O. Box Number is Not Acceptable): 7850 NW 146 ST
Suite, Apt. #, Etc.: Suite 417
City: Miami Lakes State: FL Zip Code: 33016

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: Jhane Garcia
REGISTERED AGENT MUST SIGN

Date: 6/3/02

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 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

305-822-8012

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marivi Rodriguez
Marivi Rodriguez

Date

6-12-02

Daytime Phone #

6-12-02

CR2E040 (8/00)

