

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 OCT 30 AM 8:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000042752

1. Corporation Name
F.J.S. CORPORATION

2. Principal Office Address
615 SW 82nd. Ave.

3. Mailing Office Address
615 SW 82nd. Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33144 USA

Zip Country
33144 USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 04/29/1999

5. FEI Number Applied For
65-0942621 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
Fausto Maldonado
Street Address (P.O. Box Number is Not Acceptable)
615 SW 82nd. Ave.
Suite, Apt. #, Etc.
City State Zip Code
Miami FL 33144

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 *Fausto Maldonado* Date _____
REGISTERED AGENT MUST SIGN

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	FAUSTO MALDONADO	615 SW 82nd. Ave.	Miami, FL 33144

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: *Fausto Maldonado* Date 10-10-00 Daytime Phone # 305-279-9320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)