

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000066447

1. Corporation Name

JLGP IMPORT & EXPORT, CORP

Principal Place of Business

8000 EAST DR. #305
NORTH BAY VILLAGE
FL 33141

Mailing Address

8000 EAST DR. #305
NORTH BAY VILLAGE
FL 33141

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/27/99

5. FEI Number

65-0938427

Applied For

Not Applicable

6.

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	GARCÉS, JUAN LUIS	8000 EAST DRIVE #305	NORTH BAY VILLAGE FL 33141

100004780871--1
-01/17/02--01005--019
****300.00 ****300.00

PR 1/15

8. Name and Address of Current Registered Agent

GARCÉS, JUAN LUIS
8000 EAST DRIVE #305
NORTH BAY VILLAGE, FL 33141

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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:

Juan Luis Garcia P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/01

Date

(305) 756 6530

Daytime Phone #

2012

NATP MEMBER

MFR & Associates

Accounting & Tax Service

AICPA MEMBER

4159 SW 67 Ave # 109

Davie, FL 33314

Tel (305) 742-5453

Tel (954) 689-8070

Fax (954) 689-8934

December 07, 2001

FL Dept of State
FL Div. of Corporation

RE: JLGP Import & Export Corp.
Application for Reinstatement
Document No. P99000066447

Dear Sir or Madam:

I am writing to you on behalf of JLGP Import & Export Corp., to request a waiver of penalties associated with reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State.

Enclosed please find a copy of the form we obtained from the internet. The company has made a good faith effort to meet the state's filings requirement.

I thank you in advance for your help,

Sincerely,



Manuel E. Fernandez
Tax Advisor

Dept of State