

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JAN 21 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000066447

1. Corporation Name

JLGP IMPORT & EXPORT, CORP

000141588770  
01/21/09--01005--007 \*\*450.00

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #

8000 East DR # 305

Suite, Apt. #, etc.

# 305

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

North bay Village

City & State

Zip

33141

Country

FLORIDA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

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. Name and Address of Current Registered Agent**

Name

JUAN GARCES

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

8000 East Dr

Suite, Apt. #, Etc.

# 305

City

North bay Village

State

FL

Zip Code

33141

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 of Juan L. Garces]*  
REGISTERED AGENT MUST SIGN

Date

01/19/09

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
P.	JUAN L GARCES	8000 EAST DR. #305	N.B. VILLAGE FL 33141
VP	PRISCILLA DIAZ	8000 EAST DR. #305	NB VILLAGE FL 33141

01/21

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 contained in Chapter 119, 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 of Juan L. Garces]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/09

Date

Daytime Phone #