

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 FEB 12 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000083280

1. Corporation Name

JVM GROUP, INC.

Principal Place of Business

9200 S DADELAND BLVD., SUITE 603  
MIAMI FL 33156

Mailing Address

9200 S DADELAND BLVD., SUITE 603  
MIAMI FL 33156

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

2. New Principal Office Address, If Applicable  
536 Biltmore Way

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
536 Biltmore Way

Suite, Apt. #, etc.

City & State  
Coral Gables, Florida

Zip  
33134

Country  
U.S.A.

City & State  
Coral Gables, Florida

Zip  
33134

Country  
U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/21/1999

5. FEI Number  
65-0955298

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 3	City / State / Zip 4
DPT	MEDINA, VICENTE	9200 S DADELAND BLVD., SUITE 603	MIAMI FL 33156
DVS	DE MEDINA, ANA ISABEL	9200 S DADELAND BLVD., SUITE 603	MIAMI FL 33156
DPT	MEDINA, VICENTE	536 BILTMORE WAY	CORAL GABLES, FL 33134
DVS	DE MEDINA, ANA ISABEL	536 BILTMORE WAY	CORAL GABLES, FL 33134

8. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ  
9200 S DADELAND BLVD., SUITE 603  
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name  
ANDREW CUEVAS, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
536 BILTMORE WAY  
Suite, Apt. #, Etc.

City  
CORAL GABLES  
State  
FL  
Zip Code  
33134

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

*Andrew Cuevas*  
REGISTERED AGENT MUST SIGN

Date 1/12/01

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 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:

*Vicente Medina*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/01

Daytime Phone #

CR2ED40 (8/00)