

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

pyakz

DOCUMENT # P99000102791

1. Corporation Name

J.P. SERVICES CORP.

00 OCT 27 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1481 WEST 41ST STREET
#115
HIALEAH FL 33012

Mailing Address

1481 WEST 41ST STREET
#115
HIALEAH FL 33012



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1999

5. FEI Number

65-0963553

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PT	PICADO, FRANCISCO	1481 WEST 41ST STREET	HIALEAH FL 33012
			900003463569 -9 -11/15/00--01009--017 ***150.00 ***150.00
			<i>[Signature]</i>

8. Name and Address of Current Registered Agent

PICADO, FRANCISCO
1481 WEST 41ST STREET
#115
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-00
Date

Daytime Phone #

pg 2 of 2

10-24-00

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

TALLAHASSEE, FLA. 32314

AS PER OUR TELEPHONE CONVERSATION I AM HEREBY REQUESTING
WAVING OF THE \$600.00 PENALTY FOR NOT FILLING THE CORPORATION
REPORT ON TIME.

THE FORM FOR RENEWAL WAS NOT RECEIVED

ENCLOSED FIND A CHECK ON THE AMOUNT OF \$150.00

THANK FOR YOUR HELP ON THIS MATTER.

Francisco Picado

FRANCISCO PICADO-PRESIDENT

J.P. SERVICES CORP.

#P99000102791