

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN -3 AM 10:17

DOCUMENT # **P99000102791**

**1. Corporation Name**

**J.P. SERVICES CORP.**

**REINSTATEMENT 03-04**

200037635112  
06/03/04--01054--006 \*\*\$300.00

**2. Principal Office Address**

**1481 W 41 ST.**

**3. Mailing Office Address**

Suite, Apt. #, etc.

**115**

Suite, Apt. #, etc.

City & State

**HALEAH FL**

City & State

Zip

**33012**

Country

**USA**

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**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. Name and Address of Current Registered Agent**

Name

**FRANCISCO PICADO**

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

**1481 WEST 41 ST.**

Suite, Apt. #, Etc.

**115**

City

**HALEAH**

State

**FL**

Zip Code

**33012**

**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

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
PT	PICADO, FRANCISCO	1481 W 41 ST	HALEAH FL 33012

**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:

**Francisco Picado**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/4**  
Date

**305-305-3905**  
Daytime Phone #

CR2E081 (10/02)

4/15/2004

FLORIDA DEPT. OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Ref: J.P. SERVICES CORP  
REINSTATEMENT

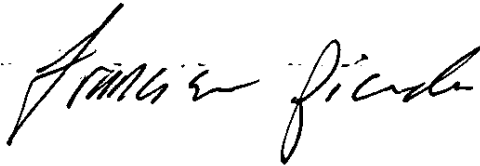
Enclosed please find Corporation Reinstatement form for my above referenced corporation, that I received from you for my signature. Also enclosed is my check for \$300.00, amount requested by you to cover the charge of reinstatement.

The original form I never received

I appreciate your help on this matter.

Sincerely,

Francisco Picado  
President

A handwritten signature in cursive script, reading "Francisco Picado".