

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PS 142

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
20043R
Kathleen Kan
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 19 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S50747**

1. Corporation Name

J & M APPLIANCES, CORP.

Principal Place of Business

Mailing Address

1320 NW 119 ST
MIAMI FL 33167
US

1320 NW 119 STREET
MIAMI FL 33167
US

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

4. Date Incorporated or Qualified To Do Business in Florida

05/03/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0278719

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	RAMIREZ, MARIELA	12200 NW 20 CT <i>17030 S.W. 156 CT</i>	MIAMI FL 33187

100003446691--1
11/01/00 01043-002
****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAMIREZ, JULIO A.
1280 NORTHWEST 119TH STREET
MIAMI FL 33167

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

Mariela Ramirez
REGISTERED AGENT MUST SIGN

Date

10/13/00

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:

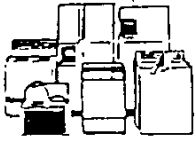
MARIELA RAMIREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/00 305-687-5306

CR2ED40 (8/00)



J & M Appliance

SALES AND REPAIRS

pg 2 of 2

10/13/00

To: Florida Dept of State
From: Mariela Ramirez C/O
J & M Appliances
1320 N.W. 119 St.
Miami, FL 33167

To whom it may concern:

I hereby confirm to you that I have not received any other letter that the one dated 10/12/00 being as a notice of Administrative Dissolution or Renovation on 10/13/00. I called and I explained about the problem and I was told to send the fee for \$ 150.⁰⁰ for your security and confidence. you may check my records, that I have always paid on time for the past 9 years. Please accept my payment for \$ 150.⁰⁰ If you have any questions, please feel free to call me at (305) 687-5306.

Thank you very much for your cooperation on this matter.

Sincerely,

Mariela Ramirez

Rosa Ayala

Rosa Ayala

