

20 06 04:55p

Best Truss Company Inc

305 667 0592

p.1

08/02/06 01026 031
\$1,993-75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REIN: TATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

06 AUG -2 AM 7:59

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S74825

1. Corporation Name

J.M. FINANCIAL CORPORATION

2. Principal Office Address

7035 SW 44 STREET

3. Mailing Office Address

7035 SW 44 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33155

Country

U.S.A.

Zip

33155

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/1991

5. FFL Number

65-0304386

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

JOSE M. MENENDEZ

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

427 PALERMO AVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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]

Date **6/30/06**

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
DPS	JOSE M. MENENDEZ	427 PALERMO AVE	CORAL GABLES, FL 33134

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/06

Date

305 6676797

Daytime Phone #