


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V09678

1. Corporation Name

JDO EXPORTS, INC.

Principal Place of Business

9750 S.W. 13 STREET  
PEMBROKE PINES FL 33025

Mailing Address

9750 S.W. 13 STREET  
PEMBROKE PINES FL 33025

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/28/1992

5. FEI Number

65-0312848

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
VD	OQUIST, ANN	9750 S.W. 13 STREET	PEMBROKE PINES FL
PSD	OQUIST, CHERI	9750 SW 13TH STREET	PEMBROKE PINES FL
D	OQUIST, JOSE L	9750 SW 13TH STREET	PEMBROKE PINES FL

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\*\*\*\*758.75 \*\*\*\*758.75

REINSTATEMENT 01

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OQUIST, CHERI  
9750 S.W. 13 STREET  
PEMBROKE PINES FL 33025

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

*Cheri Oquist*

Date

12/05/01

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:

*Cheri Oquist*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/01 305 823-9297

Daytime Phone #

CR2040 (8/01)