

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

15 MAR 17 AM 9:15

DOCUMENT # V11780

1. Corporation Name

J.R.I. CORPORATION

2. Principal Office Address - No P.O. Box #
20281 EAST COUNTRY CLUB DRIVE

3. Mailing Office Address
2103 CORAL WAY

Suite, Apt. #, etc.
UNIT 1104

Suite, Apt. #, etc.
SUITE 306

City & State
AVENTURA, FL

City & State
MIAMI, FL

Zip Country
33181 US

Zip Country
33145 US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
02/05/1992

5. FEI Number
65-0316416

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
FERNANDO R. RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)
2103 CORAL WAY

Suite, Apt. #, Etc.
SUITE 306

City State Zip Code
MIAMI FL 33145

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03/17/15--01034--020 **3758.75

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 *Fernando R. Rodriguez*

Date 2/28/15

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
D	ISRAEL, JOSE	2103 CORAL WAY, SUITE 306	MIAMI, FL 33145
D	ISRAEL, RITA	2103 CORAL WAY, SUITE 306	MIAMI, FL 33145
S	RODRIGUEZ, FERNANDO R.	2103 CORAL WAY, SUITE 306	MIAMI, FL 33145

10. E-mail Address: frodcpa@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Fernando R. Rodriguez* FERNANDO R. RODRIGUEZ 2/28/15 305-856-1724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C.R.