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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # *V63253*

1. Corporation Name

JFI INVESTMENTS, INC.

Principal Place of Business

Mailing Address

330 S.W. 27 Ave. Suite 207
Miami, Fl. 33135

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 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

September 11, 1992

5. FEI Number

65-0380703

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Jorge A. Rodriguez	330 S.W. 27 Ave. #207, Miami, Fl. 33135	
VD	Ana Vidal Rodriguez	330 S.W. 27 Ave. #207	Miami, Fl. 33135
TD	Carlso G. Carreras, Sr.	330 S.W. 27 Ave. #207	Miami, Fl. 33135

8. Name and Address of Current Registered Agent

Ana Vidal Rodriguez

330 S.W. 27 Ave. #207 Miami, Fl. 33135

9. Name and Address of New Registered Agent

Name

same

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

Suite, Apt. #, Etc.

City

State

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

Ana Vidal Rodriguez

REGISTERED AGENT MUST SIGN

Date 11-20-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on Intangible Tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

Ana Vidal Rodriguez VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-97

Date

305-541-3300

Daytime Phone #