

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

07 DEC 10 PM 3:27

DOCUMENT # P02000095386

1. Corporation Name

JRR Corporate Services, Inc.

2. Principal Office Address - No P.O. Box #

1040 Seminole Dr

3. Mailing Office Address

1040 Seminole Dr

Suite, Apt. #, etc.

Suite 1156

Suite, Apt. #, etc.

Suite 1156

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA

Zip

33304

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

9-03-02

5. FEI Number

331040875

☐ 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

Rainer Dorn

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

1040 Seminole Dr

Suite, Apt. #, Etc.

Suite 1156

City

Fort Lauderdale

State

FL

Zip Code

33304

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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]
REGISTERED AGENT MUST SIGN

Date **12 - 03 - 2007**

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
P, V, T	Rainer Dorn	1040 Seminole Dr #1156	Fort Lauderdale, FL 33304

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] **RAINER DORN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 - 03 - 2007

Date

954-907-1322

Daytime Phone #