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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.
Account Number : 119990000255
Phone : (561)844-3700
Fax Number : (561)844-2388

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Email Address: luppi@aol.com

**CORPORATION REINSTATEMENT
JS VENTURES 17 CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,200.00

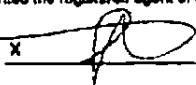
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
REINSTATEMENT
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CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P11000028946					
1. Corporation Name JS VENTURES, CORP.					
2. Principal Office Address - No P.O. Box # 133 US HIGHWAY ONE			3. Mailing Office Address 133 US HIGHWAY ONE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State NORTH PALM BEACH, FL			City & State NORTH PALM BEACH, FL		
Zip 33408	Country USA	Zip 33408	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 3/24/2011	
5. FEI Number 27-5081925				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED				\$3.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name JOHN STALUPPI					
Street Address (P.O. Box Number is Not Acceptable) 133 US HIGHWAY ONE					
Suite, Apt. #, Etc.					
City NORTH PALM BEACH			State FL	Zip Code 33408	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0603 or 617.0503, F.S.					
Signature of Registered Agent ☒ 				Date June 1, 2023	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	JOHN STALUPPI	133 US HIGHWAY ONE		NORTH PALM BEACH, FL 33408	
10. E-mail Address: Luppi@aol.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.617.155, F.S.					
SIGNATURE: 		John Staluppi		June 1, 2023 (561) 844-7148	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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