

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Sandra J. Morton  
 Secretary of State  
 DIVISION OF CORPORATIONS

*98-9900*

FILED

99 FEB -2 AM 8:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **491399**

1. Corporation Name

**JP REALTY PARTNERS, INC.**

Principal Place of Business

Mailing Address

5533 WINDRIFT LANE  
 BOCA RATON FL 33433  
 US

5533 WINDRIFT LANE  
 BOCA RATON FL 33433  
 US



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

4. Date Incorporated or Qualified To Do Business in Florida

11/21/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2419441

Applied For

Not Applicable

City & State

City & State

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTD	POLITIS, JOHN	5533 Windrift Lane 1001 W. CYPRESS CR. 500G	Boca Raton FL 33433 FT. LAUDERDALE FL
VPDS	Politis WATERS, JO	5533 WINDRIFT LANE	BOCA RATON FL
VPD	POLITIS, AMANDA	5533 WINDRIFT Lane LANE	BOCA RATON FL
VPD	POLITIS, JAMES	5533 WINDRIFT Lane LANE	BOCA RATON FL
			408002770864--3 -02/10/99 - 01003--009 ***300.00 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POLITIS, JOHN  
 5533 WINDRIFT LANE  
 BOCA RATON FL 33433

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

*John Politis*

REGISTERED AGENT MUST SIGN

Date: 1-14-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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: *John Politis* John Politis, President 1-14-99 (56)394-4383  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Year/Phone #

CR2E040 (9/98)