

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthem  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 15 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 557418

1. Corporation Name

JAC-RICH-JEFF ASSOCIATES, INC.

Principal Place of Business

Mailing Address

6246 FINSBURY COURT  
ESTPOINT, C/O DARWIN KABAT  
PALM BEACH GARDENS FL 33418

6246 FINSBURY COURT  
ESTPOINT, C/O DARWIN KABAT  
PALM BEACH GARDENS FL 33418



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT *96*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/16/1976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-2187829

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

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	KABAT, DARWIN	6246 FINSBURY COURT	PALM BCH GARDENS FL

200002009912--1  
-11/20/96--01073--026  
\*\*\*375.00 \*\*\*375.00

*JB 11-18-96*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KABAT, DARWIN F.  
6246 FINSBURY COURT EAST POINT  
PALM BEACH GARDENS FL 33410

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 607.0606, F.S.

Signature of Registered Agent

*[Handwritten Signature]*

Date *9/16/96*

REGISTERED AGENT MUST SIGN

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 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 119.073(1), 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*9/16/96*

Daytime Phone #