

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 OCT 18 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F 02000001832

1. Corporation Name  
**JANKEF & LEIBISCH FAMILY CIRCLE, INC.**

2. Principal Office Address **9572 CRESCENT VIEW DR NO.** 3. Mailing Office Address **9572 CRESCENT VIEW DR NO.**

Suite, Apt. #, etc.

City & State **BOYNTON BEACH FL** City & State **BOYNTON BEACH FL**

Zip **33437** Country **USA** Zip **33437** Country **USA**

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified To Do Business in Florida **12/31/2002**

5. FEI Number **11-2937558** 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 **SELMA PARKER**  
Street Address (P.O. Box Number is Not Acceptable) **9572 CRESCENT VIEW DRIVE NORTH**  
Suite, Apt. #, Etc.  
City **BOYNTON BEACH** State **FL** Zip Code **33437**

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 Selma Parker Date **10/11/04**  
REGISTERED AGENT MUST SIGN

**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
PRES.	IDA MELTZER	5900 SPRING LAKE LANE	BOYNTON BEACH FL 33437
TREAS	SELMA PARKER	9572 CRESCENT VIEW DR NO	BOYNTON BEACH FL 33437
SECY	FLORENCE BONDER	7106 CATANIA RD.	BOYNTON BEACH FL 33437

700041913867  
10/18/04--01004--001 \*\*131.25

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 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: Selma Parker **SELMA PARKER** **10/11/04** **521-733-1764**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)

10/11/04

Pg 222

Florida Dept of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

Gentlemen,

Enclosed is our check for \$131.25 along with our  
application for re-instatement.

Please waive the penalty charges since we  
never received a notice to file for the  
year 2003 or 2004.

Thank you for your courtesy in this  
matter.

Sincerely,

Silma Parker, Treasurer  
Jaskeft Tribeset Family Ccell

9572 Crescent View Drive 20

Bozette Beach FL 33437

Phone 561-733-1764