

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR -6 PM 3: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F07121

1. Corporation Name

J & B MOTEL CORP.

2. Principal Office Address

339 SANDAL LANE

Suite, Apt. #, etc.

3. Mailing Office Address

339 SANDAL LANE

Suite, Apt. #, etc.

City & State

PALM BEACH SHORES

City & State

PALM BEACH SHORES

Zip

33404

Country

PALM BEACH

Zip

33404

Country

PALM BEACH

4. Date Incorporated or Qualified  
To Do Business in Florida

1980

5. FEI Number  
59-2042049

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

ALAN SOROTA

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

290 NW 165 STREET

Suite, Apt. #, Etc.

PENTHOUSE 4

City

MIAMI

State  
FL

Zip Code  
33169

REINSTATEMENT 01-03

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

*Alan Sorota*  
REGISTERED AGENT MUST SIGN

Date 3/26/03

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.	JOSEPH SOROTA	339 SANDAL LANE	PALM BEACH SHORES, FL 33404
DIREC.	JOSEPH SOROTA	339 SANDAL LANE	PALM BEACH SHORES, FL 33404

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:

*Joseph Sorota*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03 954-928-0818  
Date Daytime Phone #

CR2E091 (10/02)