

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC -4 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F93000000398

**1. Corporation Name**

JERSEY FLORIDA ASSOCIATES, INC. D/B/A  
FLORIDA ASSOCIATES, INC.

**2. Principal Office Address**

60 ROUTE 46 EAST

**3. Mailing Office Address**

60 ROUTE 46 EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FAIRFIELD, NJ

City & State

FAIRFIELD, NJ

Zip

07004

Country

USA

Zip

07004

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/28/1993

**5. FEI Number**

222898155

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

LARRY A. BODIFORD

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

620 MCKENZIE AVENUE

Suite, Apt. #, Etc.

City

PANAMA CITY

State

FL

Zip Code

32401

**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

*La A Bodiford*

REGISTERED AGENT MUST SIGN

Date 11-20-01

**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
CP	JOEL ROSENFELD	60 ROUTE 46 EAST	FAIRFIELD, NJ 07004
VCV	ALAN MINTZ	60 ROUTE 46 EAST	FAIRFIELD, NJ 07004
DS	HENRY ZUCKERBERG	60 ROUTE 46 EAST	FAIRFIELD, NJ 07004

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Joel Rosenfeld

Date

Daytime Phone #

11/27/01 973-882-1120