

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 18 PM 2:21

DOCUMENT # F95000000556

1. Corporation Name

JORDAN INTERNATIONAL ENTERPRISES LTD., INC.

Principal Place of Business

563 SAWGRASS CORPORATE PARKWAY  
SUNRISE FL 33325

Mailing Address

563 SAWGRASS CORPORATE PARKWAY  
SUNRISE FL 33325



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

02/01/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0551231

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
S	Feitelberg, Peter	563 SAWGRASS CORPORATE PARKWAY	SUNRISE FL 33325
VP	ROUTHIER, ROBERT	563 SAWGRASS CORPORATE PARKWAY	SUNRISE FL 33325
P	SACHS, SCOTT	563 SAWGRASS CORPORATE PARKWAY	SUNRISE FL 33325

800004795508-1235

01/25/02-01011-008

\*\*\*\*150.00 \*\*\*\*150.00

800004795508-1235

01/25/02-01011-008

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROUTHIER, ROBERT  
13732 N. GARDEN COVE CIR  
DAVE FL 33325

Name

Peter Feitelberg

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

563 SAWGRASS CORPORATE PARKWAY

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33325

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12-14-01

11. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-01

Date

954-846-1712

Daytime Phone #

ICR2E040 (8/01)