

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 APR 22 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000002869

1. Corporation Name

JENKAR INC. OF B.R.

W05-16732

REINSTATEMENT 99-05

2. Principal Office Address

7 WINDHAM COURT

3. Mailing Office Address

7 WINDHAM COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Glen Head NY

City & State

Glen Head NY

Zip

11545

Country

Zip

11545

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/01/97

5. FEI Number

65-0732534

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

JENNIFER E OTTINO

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

2900 PALM AIR DRIVE NORTH

Suite, Apt. #, Etc.

City

POMPANO BEACH

State  
FL

Zip Code

33069

700052081977

04/26/05--01025--003 \*\*1808.75

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

X [Signature]

Date

1/31/05

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	JENNIFER E OTTINO	7 WINDHAM COURT	Glen Head NY 11545

500049738605  
04/04/05--01003--001 \*\*1808.75  
JG 4/11  
B/W/22

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

X [Signature]

Date

1/31/05

Daytime Phone #

031 864 8371

CR2E081 (01/05)