


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 20 PM 6:56

DOCUMENT # **F99000000249**

1. Corporation Name

ITA ENTERPRISES, INC.

2. Principal Office Address

1008 W. Hallandale Beach Blvd. - same

Suite, Apt. #, etc.

3. Mailing Office Address

- same

Suite, Apt. #, etc.

City & State

Hallandale, FLORIDA

City & State

- same

Zip

33009

Country

USA

Zip

same

Country

same

4. Date Incorporated or Qualified
To Do Business in Florida

January 14, 1999

5. FEI Number

88-0409699

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

SAMFORD Z. CHEVLIN, ESQ.

300003496833-6

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

1008 W. Hallandale Beach Blvd.

-12/12/00--01039--020

*****150.00 ***150.00**

Suite, Apt. #, Etc.

City

Hallandale

State

FL

Zip Code

33009

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

REGISTERED AGENT MUST SIGN

Date **11/16/00**

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
P	Thomas P. CARTWRIGHT	1008 W. Hallandale Beach Blvd, Hallandale, FL	33009
ST	JEFFREY G. CARTWRIGHT	- same -	- same -

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

Date

11/16/00

Daytime Phone #

954-418-0021

CR2E081 (9/99)

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F99-249

Sanford Z. Chevlin, Esq.
1008 W. Hallandale Beach Blvd.
Hallandale, FL 33009
(954) 458-0021 FAX: (954) 454-7009

Admitted to NY and Florida Bar

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: JTA ENTERPRISES, INC.

November 16, 2000

Dear Sir/Madam:

Please be advised that the undersigned represents JTA Enterprises, Inc., a Nevada Corporation which was licensed to do business in the State of Florida. Said corporation was licensed to do business in the State of Florida on January 14, 1999.

It has come to my attention that license was revoked on or about September 22, 2000 as a result of no Annual Report being filed. I was listed as the Registered Agent. My address was listed as 1008 W. Hallandale Beach Blvd., Hallandale, FL 33009.

To the best of my knowledge, neither I nor the principal, Mr. Thomas P. Cartwright ever received the Uniform Business report. Enclosed please find a check in the amount of \$150.00 to represent the Annual filing fee for the Corporation.

Should you need any further information, please contact me immediately. Thank you.

Very Truly Yours,

Sanford Z. Chevlin, Esq.