

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -4 PM 3: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G07735

1. Corporation Name

JACFRE, INC.

2. Principal Office Address

3107 W. Dunwoodie St.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33629

Country

USA

3. Mailing Office Address

3107 W. Dunwoodie St.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33629

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/9/82

5. FEI Number

59-2297753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-05

7. Name and Address of Current Registered Agent

Name

Jacob M. Buchman

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

3107 W. Dunwoodie Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33629

000054509780

05/13/05--01046--009 **1500.00

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

Jacob M. Buchman

REGISTERED AGENT MUST SIGN

Date

4/25/05

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/S/T/D	Jacob M. Buchman	3107 W. Dunwoodie St.	Tampa, FL 33629

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:

Jacob M. Buchman

Jacob M. Buchman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05

Date

813/833-1019

Daytime Phone #

CR2E081 (01/05)