

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 JAN 10 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G11303

1. Corporation Name

JPSPEED CORPORATION

Principal Place of Business

Mailing Address

150 E. SAMPLE RD
SUITE 200
POMPANO BCH. FL 33064

150 E. SAMPLE RD
SUITE 200
POMPANO BCH. FL 33064
US



REINSTATEMENT 99

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

12/02/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2242180

Applied For

Not Applicable

City & State

City & State

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)

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1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
DTS	BARRINGTON, BRUCE D.	150 E SAMPLE RD, #200	POMPANO BEACH FL
PD	RAFALCO, ROY	150 E SAMPLE RD #200	POMPANO BCH. FL
VPO	BROWN, DOUGLAS L	150 E. SAMPLE RD. #200	POMPANO BEACH FL 33064
VPS	RAJAN, ANTONIO	150 E. SAMPLE RD. #200	POMPANO BEACH FL 33064
VPM	ROBICHAUD, ROBERT R	150 E. SAMPLE RD #200	POMPANO BEACH FL 33064
V	HERRON, JOHN	150 E. SAMPLE RD. #200	POMPANO BEACH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAFALCO, ROY-D BROWN, DOUGLAS L.
150 EAST SAMPLE ROAD
SUITE 200
POMPANO BCH. FL 33064

Name BROWN, DOUGLAS L.
Street Address (P.O. Box Number is Not Acceptable)
150 EAST SAMPLE ROAD
Suite, Apt. #, Etc.
SUITE 200
City POMPANO BEACH State FL Zip Code 33065

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 REGISTERED AGENT MUST SIGN Date 1/4/00

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/4/00 Daytime Phone # (954) 785-4555

CR2E040 (8/98)