

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

**APPLICATION  
FOR  
REINSTATEMENT**



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

99 JUN 15 PM 4:15  
TALLAHASSEE, FLORIDA

DOCUMENT # **H10154**

1. Corporation Name

**Jarry Realty, Inc.**

Principal Place of Business

Mailing Address

**c/o Arrow Fastener  
P.O. Box 21043  
Tampa, FL 33622**

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

**6/29/84**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
**59-2438861**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Director Pres.	<b>Allan Abrams</b>	<b>c/o Arrow Fastener 271 Mayhill Street</b>	<b>Saddle Brook, NJ 07662</b>
Director VP	<b>Isabel Knipsel</b>	<b>c/o Arrow Fastener 271 Mayhill Street</b>	<b>Saddle Brook, NJ 07662</b>
Director Sec.	<b>Elaine Abrams</b>	<b>c/o Arrow Fastener 271 Mayhill Street</b>	<b>Saddle Brook, NJ 07662</b>

LS

900002905679--4

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
**Corporation Service Company**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**  
Suite, Apt. #, Etc.

City  
**Tallahassee**

State Zip Code  
**FL 32301**

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

**Doreen Theadlin Asst. V.P.**  
REGISTERED AGENT MUST SIGN

Date **June 14, 1999**

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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)(c), 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:

**Allan Abrams**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Allan Abrams, President**

6/9/99

Day(s) of Month #

2



ACCOUNT NO. : 072100000032

REFERENCE : 273092 4803460

AUTHORIZATION : *Patricia Pizzuti*

COST LIMIT : \$ 1208.75

ORDER DATE : June 14, 1999

ORDER TIME : 2:41 PM

ORDER NO. : 273092-005

CUSTOMER NO: 4803460

CUSTOMER: Evelyn Verdon, Legal Asst  
Lowenstein Sandler Pc  
65 Livingston Avenue

Roseland, NJ 07068-1791

DOMESTIC FILINGS

NAME: JARRY REALTY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
99 JUN 15 PM 3:01