


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 SEP 22 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA000136265020
09/23/08--01047--014 **150.00

CR2E081 (12/07)

CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H 42157

1. Corporation Name

JARED Allen, Inc.

2. Principal Office Address - No P.O. Box #

9850 Sandalfoot Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Zip

33428

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2491393

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

JARED FRIEDMAN

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

9850 Sandalfoot Boulevard

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33428

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.

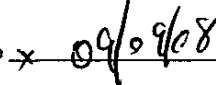
Signature of

Registered Agent



REGISTERED AGENT MUST SIGN

Date



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
PV DT	JARED FRIEDMAN	9850 Sandalfoot Blvd	Boca Raton, FL 33428

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 contained in Chapter 119, 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



Daytime Phone #

SAMUEL F. MAY JR., C.P.A.
20283 State Road 7, Suite 105
Boca Raton, Florida 33498
561-487-0670

September 19, 2008

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

RE: Jared Allen, Inc.
FEI# 59-2491393

To Whom It May Concern,

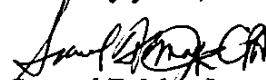
This letter is in reference to the Annual Report for 2008. My client did not receive the Annual Report Form to complete or the card notice. The client found out that the annual report was not filed by his landlord who went to you site to search. Once notified the paperwork with a check in the amount of \$150.00 is enclosed.

My client feels that it has been an oversight and hopes your agency can reinstate the Corporation with no penalty for filing late.

My client and I are asking for your agency to abate this penalty due to the unforeseen circumstances that my client incurred during this situation.

If I can be of further assistance please call me at (561) 487-0670.

Sincerely yours,



Samuel F. May Jr.
Certified Public Accountant