

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 29 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K39655

1. Corporation Name

JUPITER PARTNER, INC.

2. Principal Office Address

1475 W. Cypress Creek Rd.

Suite, Apt. #, etc.

#202

City & State

Fort Lauderdale, FL

Zip

33309

Country

US

3. Mailing Office Address

1475 W. Cypress Creek Rd.

Suite, Apt. #, etc.

#202

City & State

Fort Lauderdale, FL

Zip

33309

Country

US

REINSTATEMENT

97-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/14/1988

5. FEI Number

65-0205934

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

Clifford I. Hertz, P.A.

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

One North Clematis Street

Suite, Apt. #, Etc.

Suite 500

City

West Palm Beach.

State
FL

Zip Code

33401

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

Clifford I. Hertz
Clifford I. Hertz, Pres.

REGISTERED AGENT MUST SIGN

Date 5/15/03

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/C	Anders Schroeder	1475 W. Cypress Creek Rd. #202	Ft. Lauderdale, FL 33309
TSD	Sheldon Stein	1475 W. Cypress Creek Rd. #202	Ft. Lauderdale, FL 33309

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:

Anders Schroeder
Anders Schroeder, Pres.

5/15/03

Date

954-771-6714

Daytime Phone #

CR2E081 (10/02)

5/30