

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 23 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K74822

1. Corporation Name

JENNIE KREITZ ASSOCIATES, INC.

700141892147
01/23/09--01050--004 **450.00

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #
3333 W COMMERCIAL BLVD.

3. Mailing Office Address
3333 W COMMERCIAL BLVD.

Suite, Apt. #, etc.
SUITE 110

Suite, Apt. #, etc.
SUITE 110

City & State
FT. LAUDERDALE, FLORIDA

City & State
FT. LAUDERDALE, FLORIDA

Zip
33309

Country
USA

Zip
33309

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 03/27/89

5. FEI Number
65-0107128

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
JENNIE HOWITT

Street Address (P.O. Box Number is Not Acceptable)
3333 W COMMERCIAL BLVD.

Suite, Apt. #, Etc.
SUITE 110

City
FT. LAUDERDALE

State
FL

Zip Code
33309

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

Jennie Howitt
REGISTERED AGENT MUST SIGN

Date

1/21/09

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	JENNIE HOWITT	3333 W COMMERCIAL BLVD. #110	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 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

Jennie Howitt

Date

Daytime Phone #

1/21/09 954 135 7178

12700