

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 3:30

DOCUMENT # K78620

1. Corporation Name

JOHN CHRISTOPHER INC.

Principal Place of Business

Mailing Address

15560 SW 67TH COURT
MIAMI FL 33157
US

15560 SW 67TH COURT
MIAMI FL 33157
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

15560 S.W. 67TH COURT

Suite, Apt. #, etc.
MIAMI, FL 33157

City & State

Zip

Country

U.S.A

3. New Mailing Office Address, If Applicable

15560 S.W. 67TH COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33157

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1989

5. FEI Number

65-0207136

Applied For

Not Applicable

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	4 City / State / Zip
PD	NAMOUR, MICHAEL	3101 PONCE DE LEON BLVD.	CORAL GABLES FL

400004657994--8
-10/29/01--01095--013
****150.00 ****150.00

8. Name and Address of Current Registered Agent

NAMOUR, MICHAEL
15560 SW 67 CT
MIAMI FL 33157

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/01 (305) 446-1400

CR2E040 (8/01)

**JOHN CHRISTOPHER INC.
15560 SW 67 COURT
MIAMI, FL 33157**

October 15, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Gentlemen:

Please find enclosed the application for reinstatement for my company John Christopher, Inc.

The reason this report was not sent on time is because I never received it. It was sent to the wrong address. My correct address is 15560 SW 67th COURT and it was sent to 67th Street.

I would like for you to consider waiving the \$600.00 reinstatement fee, as I never received the report.

Respectfully yours



Michael Namour
President

MN/mg
Enc.