


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L14262

1. Entity Name
JENDOMAR INC.



FILED
05 OCT 10 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2122 BLOUNT ROAD
POMPANO BEACH, FL 33069 US

Mailing Address
4 GATEHOUSE ROAD
FORT LAUDERDALE, FL 33308 US

2. Principal Place of Business
4 GATEHOUSE ROAD

3. Mailing Address
Suite, Apt. #, etc.

City & State
Fort Lauderdale

City & State

Zip
33308 Country
US



10062005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0144136

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PALLISSO, JENNIFER H
4 GATEHOUSE RD
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Jennifer A. Pallisso* **JENNIFER A. PALLISSO** DATE: **10-6-2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALLISSO, JENNIFER H 4 GATEHOUSE ROAD FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500060455905 10/10/05--01070--016 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this report as required by Chapter 607, Florida Statutes.

SIGNATURE: *Jennifer A. Pallisso* **JENNIFER A. PALLISSO** DATE: **10-6-2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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