

# 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  
POMPAHO 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

Zip  
33308

Country  
US

City & State  
Fort Lauderdale

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

10-6-2005

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

500060455905  
10/10/05--01070--016 \*\*\$750.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-6-2005

Date

Daytime Phone #