

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 NOV 13 PM 1:25

DOCUMENT # **L37115**

1. Corporation Name

JEAN FOSTER MANAGEMENT, INC.

Principal Place of Business

1401-F2 S MILITARY TRAIL
WEST PALM BEACH FL 33415
US

Mailing Address

4930 LUWAL DR
W PALM BEACH FL 33415-1333
US



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
1650 N. Military Trail #102

City & State
W. Palm Beach FL

Zip *33409* Country *Palm Beach*

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
1650 N. Military Trail Suite 102

City & State
West Palm Beach FL

Zip *33409* Country *FLS*

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1989

5. FEI Number

65-0159813

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	FOSTER, JEAN	4930 LUWAL DR	W PALM BEACH FL
ST	FOSTER, WENDY	1209 W FERNLEA DR	WEST PALM BEACH FL 33417
			900004700819
			11/30/01--01070--006
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

FOSTER, JEAN
4930 LUWAL DRIVE
W PALM BEACH FL 33415

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

Jean Foster

REGISTERED AGENT MUST SIGN

Date

11/7/01

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)(l), 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:

Jean Foster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/01

Daytime Phone #

561-432-1827

CR2E040 (8/01)