

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PH10F2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 20 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L96108**

1. Corporation Name

J & J COMMERCIAL ENTERPRISES, INC.
P.O. BOX 82996
TAMPA, FL 33682

WU2-32017

2. Principal Office Address

17609 WHISTLING LANE

3. Mailing Office Address

P.O. BOX 82996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

TAMPA, FL

Zip

33549

Country

U.S.

Zip

33682

Country

U.S.

4. Date Incorporated or Qualified To Do Business in Florida

08/24/90

5. FEI Number

59-3038466

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

JOE MONTERESSI

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

17609 WHISTLING LANE

Suite, Apt. #, etc.

City

LUTZ

State
FL

Zip Code
33549

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

REGISTERED AGENT MUST SIGN

Date

10/25/02

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
DPT	JOE MONTERESSI	17609 WHISTLING LANE	LUTZ, FL 33549

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 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

10/25/02

Daytime Phone #

(813) 948-1960

CR2E081 (9/01)



Ferlita, Walsh & Gonzalez, P.A.
Certified Public Accountants



The CPA. Never Underestimate The Value. SM

SAM S. FERLITA, C.P.A.
VINCENT E. WALSH, C.P.A.
FROMENT JOHN GONZALEZ, III, C.P.A.

MEMBERS:
AMERICAN INSTITUTE OF C.P.A.'S
S.E.C. AND PRIVATE COMPANIES
PRACTICE SECTIONS
FLORIDA INSTITUTE OF C.P.A.'S

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

October 22, 2002

RE: J&J Commercial Enterprises, Inc. (FEIN 59-3038466)

We have been requested to prepare the following letter on behalf of our client J&J Commercial Enterprises, Inc. A customer advised the taxpayer that his status with the Florida Department of State had been dissolved as a result of his failure to file an annual report. The taxpayer wishes to bring to your attention the following: Sometime in 1994 the taxpayer moved from his location at 813 West Hollywood to his present address at 17609 Whistling Lane. As a result of moving, the taxpayer never received any notices or requests for filing annual reports. When we contacted the Department of State, your recording said that the only way the penalty would be abated was if the taxpayer failed to receive previous notices. Pursuant to your recording, we respectfully request that you accept the payment \$1356.00 as satisfaction of any reinstatement fees and abate any reinstatement penalties.

Should you need further assistance, please feel free to contact our office at (813) 877-9609.

Thanking you in advance,


Vincent E. Walsh, CPA

Ferlita, Walsh & Gonzalez, P.A.