

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 NOV -6 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M67097

1. Corporation Name

ROB/JEN INVESTMENTS, INC.

2. Principal Office Address

1201 N. Olive Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

West Palm Beach, FL 33401

City & State

Zip

33401

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
to Do Business in Florida

1/28/1988

5. FEI Number

59-2875593

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

300008441509-- 1  
-10/18/02--01025--006  
\*\*\*\*900.00 \*\*\*\*900.00

01-02

7. Name and Address of Current Registered Agent

Name

Itzhak I. Shasha

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

1201 N. Olive Avenue

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401

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

11/1/02

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
PSTD	Itzhak I. Shasha	1201 N. Olive Avenue	West Palm Beach, FL 33401

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

Itzhak I. Shasha, Pres.

Date

561/655-4334

Daytime Phone #

CR2E081 (9/01)