

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAR 30 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N06000011540

1. Corporation Name

Jubilee Orphanage INC

2. Principal Office Address - No P.O. Box #

14853 SW 38<sup>th</sup> CT

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33027

Country

Broward

3. Mailing Office Address

P.O. Box 827642

Suite, Apt. #, etc.

City & State

South Florida, FL

Zip

33082

Country

Broward

600147982056

03/30/09--01048--023 \*\*183.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified  
To Do Business in Florida

11/06

5. FEI Number

13-4348716

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

Paul Cooper

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

14853 SW 38<sup>th</sup> CT

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Paul Cooper

Date 3/25/09

REGISTERED AGENT MUST SIGN

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
President	Paul Cooper	14853 SW 38 <sup>th</sup> CT	MIRAMAR, FL 33027
CO President	MARK HATTABOUGH	5201 S FLAMINGO RD	Cooper City, FL 33330
SECRETARY TREASURER	Isabel Cooper	14853 SW 38 <sup>th</sup> CT	MIRAMAR, FL 33027

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 contained in Chapter 119, 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:

Paul Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/09

Date

954-551-0733

Daytime Phone #