

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

02 JAN 11 PM 4:00

DOCUMENT # P00000000877

1. Corporation Name

P.C. JACQUES ENTERPRISES INC.

Principal Place of Business

551 SE 3RD TERRACE
POMPANO BEACH FL 33060-8417

Mailing Address

551 SE 3RD TERRACE
POMPANO BEACH FL 33060-8417



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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

P.C. JACQUES-ENT. INC.
785 BOUL. GRAND WEST
ST-BRUNO-MONTARVILLE
J3V4P6 CANADA

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/2000

5. FEI Number

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	JACQUES, CONRAD	785 GRAND BLVD., QUEST, ST-BRUNO	QC J3V 5G8 CANADA
DS	JACQUES, PASCAL	785 GRAND BLVD., QUEST, ST-BRUNO	QC J3V 5G8 CANADA
			8000004794808--0 -01/24/02--01079--005 *****236.25 *****236.25

8. Name and Address of Current Registered Agent

LAMOTHE, FERNAND
721 SE 17TH STREET
FORT LAUDERDALE FL 33316

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

Conrad Jacques
REGISTERED AGENT MUST SIGN

Date

01-09-2002

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)(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:

Conrad Jacques
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-09-2002

Daytime Phone #

CR2E040 (8/01)