

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -6 AM 8:00

DOCUMENT # **P00000021981**

1. Corporation Name

JAD ENGINEERING INC

REINSTATEMENT 02-03

2. Principal Office Address

2400 E. Las Olas #304

3. Mailing Office Address

2400 E LAS OLAS Bldg

Suite, Apt. #, etc.

#304

Suite, Apt. #, etc.

#304

City & State

Ft Lauderdale FL

City & State

Ft Lauderdale FL

Zip

33301

Country

USA

Zip

33301

Country

USA

400022110494

08/06/03--01037--002 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/2000

5. FEI Number

APPLIED

☒ 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

JERRY FADGEN

ACRE

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

21 EAST AGER DR. (21 EAST AGER DR)

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **7-9-03**

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
PST	JIM DWYER	2400 E LAS OLAS #304	Ft Lauderdale FL 33301
V/D	BEN HARGRAVES	2400 E LAS OLAS #304	Ft Lauderdale FL 33301

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] **Jim Dwyer, Pres**

7/9/03

954-8186536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #