

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
2001 UBR

DOCUMENT # P00000048646

1. Corporation Name

JACK PAGET ENTERPRISES, INC.

Principal Place of Business

4143 LAUREL BRIDGE CIRCLE  
WESTON FL 33331  
WESTON

Mailing Address

4143 LAUREL BRIDGE CIRCLE  
WESTON FL 33331  
WESTON

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4143 LAUREL BRIDGE CIRCLE

Suite, Apt. #, etc.

City & State  
WESTON, FL

Zip  
33331

Country  
USA

3. New Mailing Office Address, If Applicable

4143 LAUREL BRIDGE CIRCLE

Suite, Apt. #, etc.

City & State  
WESTON, FL

Zip  
33331

Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida

05/12/2000

5. FEI Number

65-1017416

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PAGET, JOHN J	4143 LAUREL BRIDGE CIRCLE	WESTON FL 33331
		4143 LAUREL BRIDGE CIRCLE	WESTON, FL 33331

8. Name and Address of Current Registered Agent

PAGET, JOHN J  
4143 LAUREL BRIDGE CIRCLE  
WESTON FL 33331

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/17/01

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/01 305-931-3431

FILED

01 OCT 22 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (8/01)



HAMPTON'S SOUTH  
Aventura, Florida

2052

10/17/01

RE: JACK PAGET ENTERPRISES, Inc.  
2001 Corp. Annual Report

To Whom it may concern,

Please be advised that I never received the original form for renewal for the above referenced. I probably never received it because that the Dept of State has on file is incorrect.

The address that you have on file is  
4143 Laurel Bridge Circle  
Weston, FL 33331

The correct address is  
4143 Laurel Ridge Circle  
Weston, FL 33331

Please make this change so that I receive all proper correspondence in the future.

Thank you

Sincerely, Jack Paget

See Attached