

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000065092**

1. Corporation Name

JANA SERVICES INC.

Principal Place of Business

Mailing Address

5825 DAWSON ST
HOLLYWOOD FL 33023

5825 DAWSON ST
HOLLYWOOD FL 33023

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1021811

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CURLEY, JEROME E	352 SW 187 TERR.	PEMBROKE PINES FL 33029
STD	COLON, WALDO E	11204 NE 9 ST.	BISCAYNE PARK FL 33161

100024102891
10/27/03--01021--018 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CURLEY, JEROME E
352 SW 187 TERR.
PEMBROKE PINES FL 33029

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Oct 20, 03

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.

JEROME E. CURLEY

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-964-6969
Oct 20, 03

CR2E040 (7/03)

JANA SERVICES INC.
Refrigeration & Air Conditioning
5825 Dawson Street
Hollywood, Fl. 33023

#CMCO25354
Ph: 954-964-6969
Fax: 954-964-6669

October 20, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

Dear Department:

I have received your Notice of Administrative Dissolution dated September 19, 2003.

I have searched our files, questioned all employees and am convinced we did not receive either a renewal notice, a uniform business report of any kind, or any notice of delinquency from your office this year of 2003.

I am returning a completed and signed Application for Reinstatement today with our check number 2460 in the amount of \$150.00. Please reinstate JANA SERVICES INC. as an active corporation in the State of Florida.

Respectfully,

JANA SERVICES INC.
By Jerome E. Curley, President



signed and dated this October 20, 2003.