

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000069761

1. Corporation Name

JOVA MANAGEMENT, INC.

2. Principal Office Address

4801 Roosevelt Street

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33021

Country

USA

3. Mailing Office Address

4801 Roosevelt Street

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33021

Country

USA

400025422524
12/11/03--01040--003 **1050.00

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/2000

5. FEI Number

☒ 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

Joseph Bertuglia

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

4801 Roosevelt Street

Suite, Apt. #, Etc.

City

Hollywood

State
FL

Zip Code

33021

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 11/25/03

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
D	Joseph Bertuglia	4801 Roosevelt Street	Hollywood, FL 33021

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/25/03 - 954-474-8000

Daytime Phone #

CR2E031 (10/02)