

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **PC0000075273**

1. Corporation Name

JBR INVESTMENTS INTERNATIONAL, Inc

2. Principal Office Address

20605 CAROUSEL CIRCLE WEST

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33434

Country

Palm Bch

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33434

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-3-2000

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

John Burnette

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

20605 CAROUSEL CIR W.

Suite, Apt. #, Etc.

City

Boca Raton Florida

State

FL

Zip Code

33434

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

John Burnette

REGISTERED AGENT MUST SIGN

Date

Dec 5, 2000

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
P/D	John Burnette	20605 CAROUSEL CIRCLE West	Boca Raton FL 33434
VP/D	RAYMOND HELLO	2761 S. OAKLAND FOREST DRIVE	Oakland Park FL 33309

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:

John Burnette Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dec 5, 2000

Daytime Phone #

APPROVED
FILED

01 DEC -7 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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