

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000078106**

1. Corporation Name

J.T.R. Real Estate Enterprises, Inc.

2. Principal Office Address - No P.O. Box #

2551 Martin Luther King Blvd

Suite, Apt. #, etc.

City & State

Pompano Beach, Florida

Zip
33069

Country
USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081 (1/07)

04-07

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/2000

5. FEI Number

651020184

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 Ragno

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

2551 Martin Luther King Boulevard

Suite, Apt. #, Etc.

City
Pompano Beach, Florida

State
FL

Zip Code
33069

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **15 May 2007**

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/T/S	John Ragno	2551 Martin Luther King Blvd	Pompano Beach, Florida
Dir	Tammy Ragno	2551 Martin Luther King Blvd	Pompano Beach, Florida

200103937082

05/05/07--01004--006 **1200.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/17/2007 954-912-3400

Date

Daytime Phone #