

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000093436

1. Corporation Name

JAFFEY & ASSOCIATES, INC.

2. Principal Office Address

11350 WING FOOT DRIVE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33437

Country

USA

3. Mailing Office Address

P. O. BOX 470

Suite, Apt. #, etc.

City & State

CLAYMONT, DE 19703

Zip

19703

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-2-01

5. FEI Number 65-1065999

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

DAVID B. NORRIS

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

712 US HIGHWAY ONE

Suite, Apt. #, Etc.

City

NORTH PALM BEACH

State

FL

Zip Code

33408

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 11-28-05

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	DONALD H. JAFFEY	11350 WINGFOOT DRIVE	BOYNTON BEACH, FL 33437

REINSTATEMENT 05 IS R/06/05

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]

DONALD H. JAFFEY

302-792-2737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #