

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 30 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000095333

1. Corporation Name

JS ENTERPRISES OF CENTRAL FLORIDA, INC.

800008201518--3

-10/04/02--01027--018

****300.00 ****300.00

2. Principal Office Address

103 W. HILLCREST ST.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

ALTA MONTE SPRINGS, FL.

Zip

32714

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/00

5. FEI Number

59-3623683

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

Robert C. Cohen

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

301 S. MILWEE ST.

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32750

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]

Date

9/17/02

REGISTERED AGENT MUST SIGN

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
<u>PRES</u>	<u>TRONOLONE, DOUGLAS J</u>	<u>103 W. HILLCREST ST.</u>	<u>ALTA MONTE SPRINGS, FL. 32714</u>

01-02 UBR

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]

DOUGLAS J. TRONOLONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/02

Date

(407) 830-4653

Daytime Phone #

CR2001 (9/01)

ACCOUNTING OFFICE OF
Robert C. Cohen, P.A.

301 S. Milwee Street
Longwood, FL 32750

Telephone (407) 260-1144
Telefax (407) 331-3431

September 17, 2002

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

Re: JS Enterprises of Central Florida, Inc.

Dear Sir,

We are enclosing the Corporation Reinstatement Form for JS Enterprises of Central Florida, Inc. We had initially mailed this form out on June 27, 2002 (enclosed).

We spoke with your office last week and explained to them that the circumstances regarding the need for reinstatement. We were told that our letter of June 27th was returned to the old address and that the request had been denied.

We were told to resubmit the form along with a check in the amount of \$300.00 and a letter of explanation that caused the Corporation to lapse.

The taxpayer's previous accountant died in 2001 and records were not obtained by the taxpayer until May of 2002. The taxpayer was not aware that the accountant had not taken care of the annual report.

We would appreciate your reinstating the Corporation.

Sincerely,



Robert C. Cohen, P.A.

Enclosures

Certified Mail