

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000098912

1. Corporation Name

J. & S SUPPORT COORDINATION INC.

Principal Place of Business

6930 SW 9 ST
PEMBROKE PINES FL 33023

Mailing Address

6930 SW 9 ST
PEMBROKE PINES FL 33023

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/2000

5. FEI Number

52-2272584

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

FILED
02 FEB -1 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ESPEJO, JENNY	6930 SW 9 ST	PEMBROKE PINES FL 33023
V	ESPEJO, SILVIA	6930 SW 9 ST	PEMBROKE PINES FL 33023

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***908.75 ***908.75

REINSTATEMENT

01-02

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8. Name and Address of Current Registered Agent

ESPEJO, JENNY
6930 SW 9 ST
PEMBROKE PINES FL 33023

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jenny Espejo
REGISTERED AGENT MUST SIGN

Date

1-30-02

11. 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:

Jenny Espejo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-2202 954904-9142