

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 18 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 201000011542

1. Corporation Name

JPS INVESTMENTS CORP.

2. Principal Office Address

6411 NW 78th Place

Suite, Apt. #, etc.

City & State

PARKLAND FL

Zip

33067

Country

USA

3. Mailing Office Address

6411 NW 78th Place

Suite, Apt. #, etc.

City & State

PARKLAND FL

Zip

33067

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

01/31/01

5. FEI Number

65-1080711

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

PAUL A. LEONI

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

4413 W. WHITE WATER AVE

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33332

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

Paul A. Leoni

Date

11/15/04

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
P	JURG SCHNEEBERGER	6411 NW 78th Place	PARKLAND, FL 33067

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)(f), 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

11/15/04

Date

954 972 8500

Daytime Phone #

CR2E081 (01/04)