

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000012626

1. Corporation Name

JOREDAN, INC.

Principal Place of Business

3209 NW 123RD AVE.  
CORAL SPRINGS FL 33065

Mailing Address

3209 NW 123RD AVE.  
CORAL SPRINGS FL 33065

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

02/01/2001

5. FEI Number

65-1082986

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
PRES(D)	CARLOS G. PUNDIK	3209 NW 123rd AVE.	CORAL SPRINGS, FLA. 33065
SEC.(D)	MAUREEN S. PUNDIK	3209 NW 123rd AVE	CORAL SPRINGS, FLA. 33065
V.PRES(D)	MAUREEN S. PUNDIK	3209 NW 123rd AVE	CORAL SPRINGS, FLA. 33065

800008593328

10/25/02--01058--004 \*\*150.00

8. Name and Address of Current Registered Agent

PUNDIK, CARLOS G  
3209 NW 123RD AVE.  
CORAL SPRINGS FL 33065

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

CR20040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/02 (954) 340-1717

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October 23, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To whom this may concern:

Please accept this official letter as notification of non-receipt of prior UBR forms.

Our company did not officially begin doing business as a corporation until late this year (2002).

In accordance with your instructions included in the reinstatement form for non-receipt of previous UBR forms, Please consider this as notification of such and therefore we are requesting that the penalty fees be waived at this time. We have included the \$150.00 fee (for profit corporation).

Thank you for your support.

A handwritten signature in black ink, appearing to read "C. Pundik", written over a horizontal line.

Carlos G. Pundik, President  
Joredan, Inc.