

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -4 AM 8:00

DOCUMENT # P01000060518

1. Corporation Name

J. BISHOFF & ASSOCIATES, INC.

2. Principal Office Address

7700 N KENDALL DRIVE

Suite, Apt. #, etc.

706

City & State

MIAMI, FL

Zip

33156

Country

USA

3. Mailing Office Address

7700 N KENDALL DRIVE

Suite, Apt. #, etc.

706

City & State

MIAMI, FL

Zip

33156

Country

USA

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

6/15/2001

5. FEI Number

65-1145054

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

500029842715
03/04/04--01007--011 **300.00

REINSTATEMENT

03-04
MRS

7. Name and Address of Current Registered Agent

Name

JEFFREY BISHOFF

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

7700 N KENDALL DRIVE

Suite, Apt. #, Etc.

706

City

MIAMI

State

FL

Zip Code

33156

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 X

REGISTERED AGENT MUST SIGN

Date 2/20/04

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
PRES	JEFFREY BISHOFF	9107 SW 113 PLACE CIR W	MIAMI, FL 33176

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:

JEFFREY BISHOFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04 305-270-8690

Date

Daytime Phone #

CR2E081 (9/00)