

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -6 AM 8:01

DOCUMENT # P01000076240

1. Corporation Name

JUPITER FINANCIAL SERVICES CORP.

000008820270
11/06/02--01038--010 **158.75



Principal Place of Business

Mailing Address

~~470 TEQUESTA DR.~~
~~TEQUESTA FL 33469~~

470 TEQUESTA DR.
TEQUESTA FL 33469

308 TEQUESTA DR
TEQUESTA FL 33469

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2001

5. FEI Number

03-0395451

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
PD	ARROYO, LETICIA	470 TEQUESTA DR.	TEQUESTA FL 33469
VD	ARROYO, LEO	470 TEQUESTA DR.	TEQUESTA FL 33469
SD	ARROYO, ELYSE C	470 TEQUESTA DR.	TEQUESTA FL 33469
T	ARROYO, VANESSA	470 TEQUESTA DR	TEQUESTA FL 33469
T	ARROYO, JESSICA	470 TEQUESTA DR	TEQUESTA FL 33469

8. Name and Address of Current Registered Agent

ARROYO, ELYSE C
470 TEQUESTA DR.
TEQUESTA FL 33469

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. or 617.0505, F.S.

Signature of
Registered Agent

Elyse Arroyo
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-31-02

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:

Leticia Arroyo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)

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JUPITER FINANCIAL SERV. CORP.

308 Tequesta Drive
Tequesta, Florida 33469
Phone 561-575-0277
Fax 561-575-0552

Send to: Dept of state	From: Letty
Attention: DIVISION OF CORPORATION	Date: 10-24-02
Office Location:	Office Location:
Fax Number:	Phone Number: 561-575-0277

- ☐ Urgent
- ☐ Reply ASAP
- ☐ Please comment
- ☐ Please review
- ☐ For your information

Total pages, including cover:

Comments:

Dear Sir,

Please excuse us for non payment we moved and we didn't receive the previous application. We spoke to Mr. Tyrone Scott which info us to send in 150.00 dollars and this letter.
Your help will greatly appreciated.

Thanks,

Leo Arroyo

