

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 23 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 010000 77977

1. Corporation Name

JSF TELECOMMUNICATIONS CORP.

REINSTATEMENT 02-07

700019854757

05/23/03--01087--015 **908.75

2. Principal Office Address

1915 Republica de Cuba

Suite, Apt. #, etc.

3. Mailing Office Address

1915 Republica de Cuba

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33605

Country

Hillsborough

Zip

33605

Country

Hills.

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/01

5. FEI Number

59-3739983

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

BERNARD J. LECHNER

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

2115 RANGE RD.

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33765

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

Bernard J. Lechner

Date

5-21-03

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
CEO	Julius J. Shiver	1817 E 8th Ave	Tampa, FL 33605
Sec'y	FRED WOLFE	4824 Palm River Rd.	Tampa, FL 33619

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julius J. Shiver
Julius J. Shiver

5/17/03

Date

813-241-4545

Daytime Phone #

CR2E081 (10/02)

5/30