

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000079803

1. Corporation Name

JEFF JENKINS, INC.

Principal Place of Business

2835 FAIRWAYS DR.
HOMESTEAD FL 33035

Mailing Address

2835 FAIRWAYS DR.
HOMESTEAD FL 33035

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

2. New Principal Office Address, If Applicable

2400 Palm Dr.
Suite, Apt. #, etc.
Homestead FL

City & State

Zip 33035

Country USA

3. New Mailing Office Address, If Applicable

Same
Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/2001

5. FEI Number

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
DPST	JEKINS, JEFF	2835 FAIRWAYS DR.	HOMESTEAD FL 33035

8. Name and Address of Current Registered Agent

TOLLEY, SHAWN
1320 S. DIXIE HWY., STE. 1061
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name

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

9200 S OAKLAND Blvd

Suite, Apt. #, Etc.

204

City

MIAMI

State

FL

Zip Code

33156

CR2EW40 (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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-02

Date

305230-9770

Daytime Phone #

Tolley & Zirilli, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

99551 OVERSEAS HWY • SUITE 200
KEY LARGO, FL 33037
OFFICE 305.451.4000 • FAX 305.451.9896

9200 S. DADELAND BLVD • SUITE 204
MIAMI, FL 33156
OFFICE 305.670.1001 • FAX 305.670.1888

November 11, 2002

Division Of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL
32314-6327

Taxpayer:	Jeff Jenkins, Inc.
Address:	2400 Palm Drive Homestead, FL 33035
Document #:	P01000079803

To Whom It May Concern:

For reasonable cause, Taxpayer, Jeff Jenkins, Inc., respectfully requests abatement all penalties, interest and reinstatement charges pertaining to your Certificate Of Administrative Dissolution Or Revocation dated October 4, 2002, for the above referenced company.

Enclosed is taxpayer's check number 127 in the amount of \$150.00 for the annual report filing fee.

Taxpayer has promptly paid and filed all previous Annual Reports. Unfortunately, taxpayer did not receive the form for the 2002 Annual Report. The address of the corporation and the registered agent changed.

Please waive and abate the penalties, interest and reinstatement changes for this corporation. Please feel free to contact me with any questions.

Respectfully,



Shawn W. Tolley, C.P.A.

File: T-Jeff Jenkins, Inc. (FL Sec of State) - 11-11-02