

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 -1 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000089358

1. Corporation Name

JAMES INTERNATIONAL, INC.

Principal Place of Business

195 NORTHEAST 1ST AVENUE
POMPANO BEACH FL 33064

Mailing Address

1547 NORTHWEST 5TH AVENUE
POMPANO BEACH FL 33060

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

09/12/2001

5. FEI Number

65-1136378

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
PSTD	RAYNOR, LINDA J	195 NORTHEAST 1ST AVENUE	POMPANO BEACH FL 33064

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

LINDA J. RAYNOR

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

195 NE 1ST AVENUE

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

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

10/30/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/02

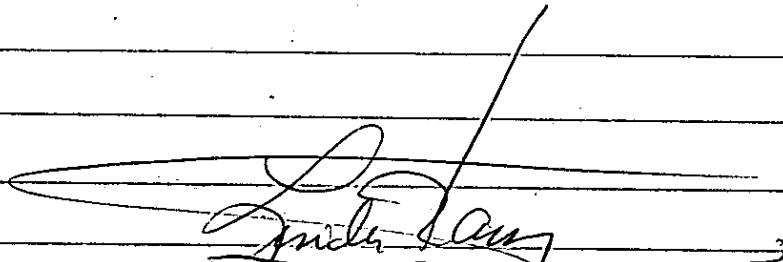
Daytime Phone #

CR2E040 (8/02)

10/31/52
DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATION
P O. Box 6327.
TALLAHASSEE, FL 32314

DEAR SIR:

PLEASE REINSTATE MY CORPORATION
I NEVER RECIVE UNIFORM-BUSINESS REPORT.
PLEASE WAIVE REINSTATE FEE
REGULAR RENEW FEE ATRACTED \$150.00


LINDA RAYBURN