

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -9 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

101000091684

**1. Corporation Name**

FORE ALAH JAMZ, INC

**2. Principal Office Address**

7753 FAIRWAY BLVD

Suite, Apt. #, etc.

**3. Mailing Office Address**

7753 FAIRWAY BLVD

Suite, Apt. #, etc.

**City & State**

MIRAMAR, FL

**City & State**

MIRAMAR, FL

**Zip**

33023

**Country**

USA

**Zip**

33023

**Country**

USA

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

9/19/2001

**5. FEI Number**

55-0806126

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐

**7. Name and Address of Current Registered Agent**

**Name**

ANTONIO C. JAMES

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

7753 FAIRWAY BLVD

**Suite, Apt. #, Etc.**

**City**

MIRAMAR

**State**  
FL

**Zip Code**

33023

**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**

Anthony James

REGISTERED AGENT MUST SIGN

**Date** 12-02-02

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PVD	ANTONIO C. JAMES	7753 FAIRWAY BLVD	MIRAMAR, FL 33023
TD	CHELSETA SMITH	7753 FAIRWAY BLVD	MIRAMAR, FL 33023

**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:**

Anthony James

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/02/02

Date

305-535-5700

Daytime Phone #

September 10, 2002

To whom it may concern:

As per my conversation with your office, enclosed please find a check in the amount of \$150.00 instead of the required fee of \$550.00 due to the fact that I never received the first notice

Should you have any questions, please do not hesitate to contact me

Kindest Regards

*Antonio James*  
Antonio James