

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL
FILED

03 SEP 12 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000095499**

1. Corporation Name

Jack, Incorporated

[Handwritten initials]

2. Principal Office Address

3900 SW 30th Ave

Suite, Apt. #, etc.

3

City & State

Fort Lauderdale, FL

Zip

33312

Country

USA

3. Mailing Office Address

3900 SW 30th Ave

Suite, Apt. #, etc.

3

City & State

Fort Lauderdale, FL

Zip

33312

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

10/1/2001

5. FEI Number

65-1154094

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

Elizabeth Brandon-Brown

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

900 N Federal Highway, Suite 410

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **9/11/03**

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
P	Kenneth E Richardson	3900 SW 30th Ave #3	Fort Lauderdale, FL 33312
V	John J Richardson	3900 SW 30th Ave #3	Ft. Lauderdale, FL 33312
S/T	Christopher Richardson	3900 SW 30th Ave #3	Ft. Lauderdale, FL 33312
D	Kristy Richardson	3900 SW 30th Ave #3	Ft. Lauderdale, FL 33312

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/10/03**

Daytime Phone # **954-581-1606**

CR2E081 (10/02)